before admission)

township)

Hours Min.

WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

Dec. 18, 1952

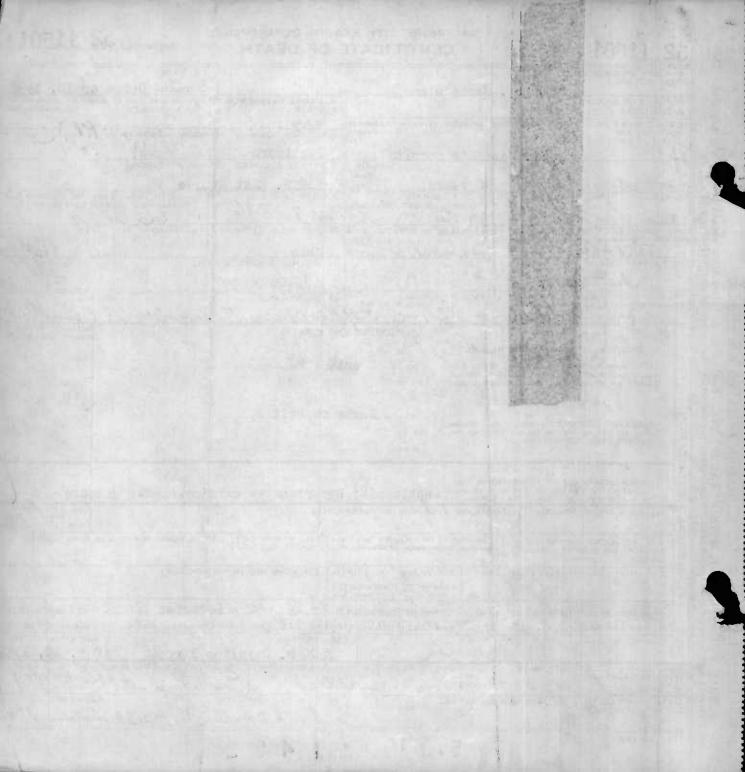
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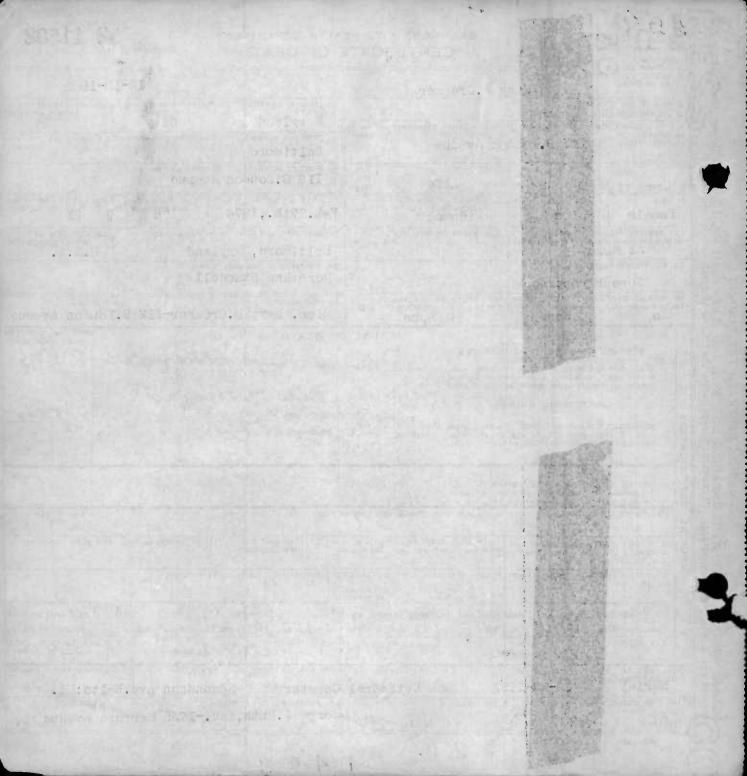
YES

NO X

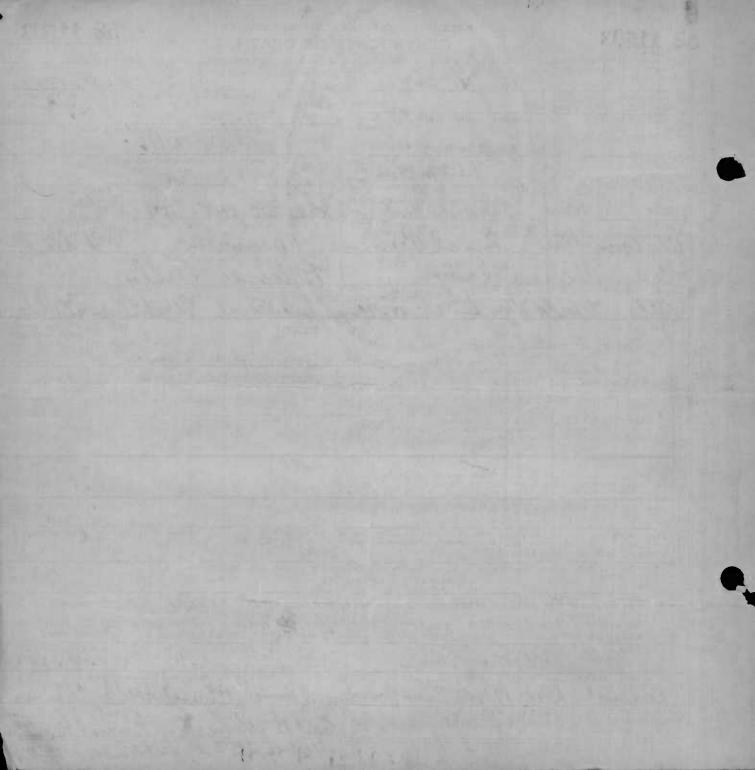
12. CITIZEN OF

ADDRESS





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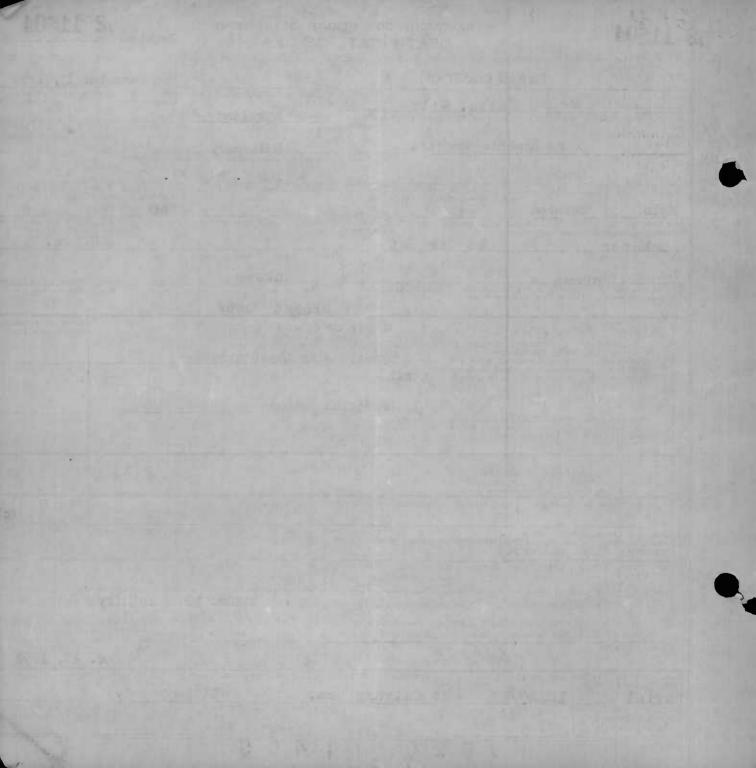
PLEASE

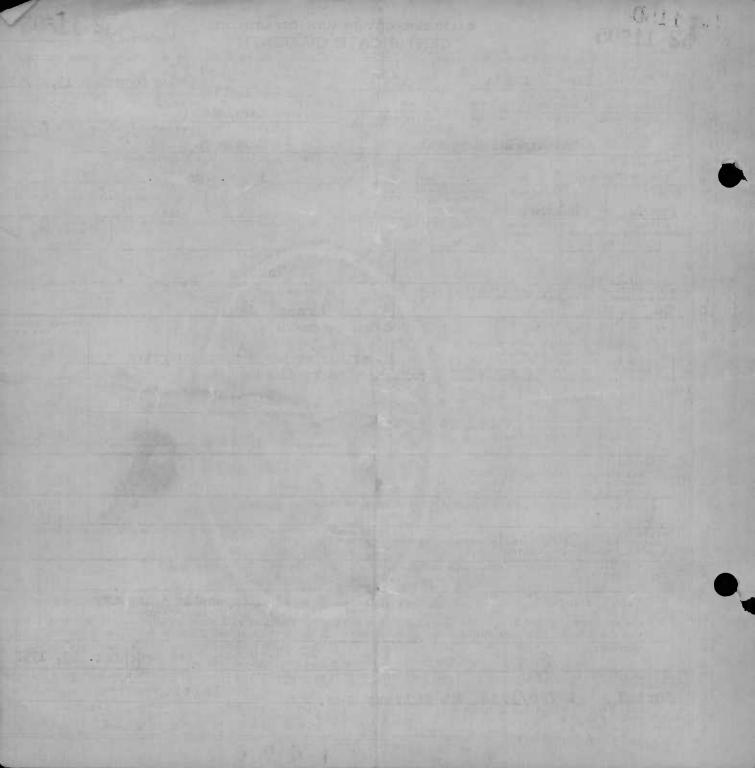
VS 151

### BALTIMORE CITY HEALTH DEPARTMENT

52 11504

Registered I CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) THOMAS CRAWFORD DEATH December 13. 4. USUAL RESIDENCE (Where deceased lived, If institution: 3. PLACE OF DEATH: B. COUNTY ore admission) A. STATE A. Baltimore City, Maryland Balto. Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RERAL and give township) Johns Hopkins Hospital Baltimore e carefu legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 104 N. Bond St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | M Under 1 Year | M Under 24 Hours last birthday) | Months: Days | Hours | Min. Colored Male 50 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) U.S.A. Car Lot information s of death cle shorer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO. Ernest Jones No causes INTERVAL BETWEEN 18. 44 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Bronchial asthma DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO X important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? UTING T CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE is esp and death in my opinion resulted from: natural causes [X accident ], suicide ], homicide ], undetermined ]. 23B, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.... age MEDICAL INVESTIGATOR .... 24D. LOCATION (City, town, or county) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) correct Baltimore Hd. 12/20/52 Calvery Cem. Mt Burial DATE RECEIVED BY ADDRES REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR urling





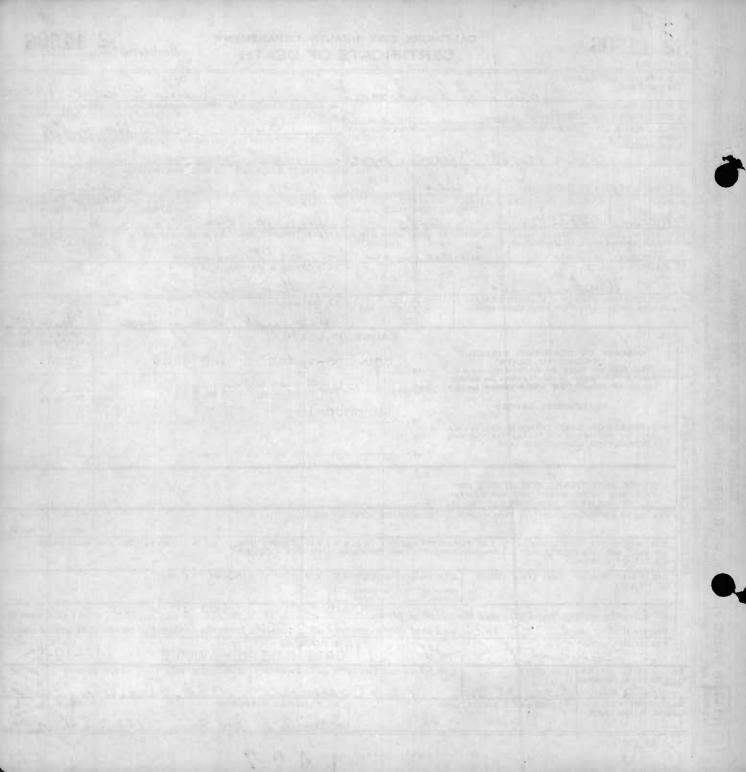
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DIDTH	NO

# BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11506

B	RTH NO.	L OF BEATTI	
	NAME OF DECEASED Of Clarific	2. DATE OF DEATH DE	W8 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, I	f institution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	md. 4025a	na St.
II.	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate lim	its write DeiRAs, and give
14	Owelight nursing from	& Baltimore	7-0
	Q. / Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years)	If Under 1 Year   If Under 24 Hours
	male White Single	Upril 10 1874 76 yrs	Ionths Days Hours Min.
1C wor	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR done during most of working life, even if retired)  INDUSTRY	11/BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Unknown Unknown	Baltemore	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	Unknown	Unknown	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
		Twilight nursing Home	Entan Pl.
	18. 331 X CAUSE	OF DEATH	INTERVAL BETWEEN
10	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CETEL	oro-vascular accident	6 mos.
	(Inis does not mean the mode of dying, e.g., (A)		
	injury or complication which caused death.) DUE TO Pight	t hemiplegia	
	ANTECEDENT CAUSES thron	mbosis	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	1000 10	
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
S	(C)	***************************************	•••••••••••••••••••••••••••••••••••••••
ERTIFICA			
, E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY1
U	21a. ACCIDENT WAS UNDER-   21b. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If in Baltimore City,	give exact location)
EDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	,etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m.   work   AT WORK	1 6 E2 Dec 18	52
	1 heroog certify that I astonaed the deceased from	rred at 9:00 h., from the eauses and on	that I last saw the
		23B. ADDRESS	23c. DATE SIGNED
	E. Elloworth offe M.D.	2#31 MARYLAND AVENUE	12-19-52
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, tow.	n, or county) (State)
	Burial Dec 20 1802 new C	athedeal Old Frode	wich Rd Ind
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1	JECT 9 1932 Tuntington Wallaces, A	David P Martin 180	2 Euters Rh

1



BALTIMORE CITY HEALTH DEPARTMENT Registered 52 11507 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Us illian supplied. DEATH Dac 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or fully HOSPITAL OR location (If outside corporate limits write EURAL and give C. CITY OR TOWN INSTITUTION legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE tf Under 1 Year 8. DATE OF 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Jine 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO 231X INTERVAL BE 18. CAUSE OF DEATH item cerebro-DISEASE OR CONDITION DIRECTLY weeks cardio-vascular na accident (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES hypertension sev yrs. INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year). (Hour) 21E. INJURY OCCURRED OF INJURY WRITE PLA NOT WHILE 1949 to Dec. 17, 1952 that I last saw the 22. I hereby certify that I attended the deceased from Jan deceased alive on Dec. 1619 52 and that death occurred at 12:45 M., from the causes and on the date stated above. 23A, SIGNATUR 23B. ADDRESS 23c. DATE SIGNED MARYLAND AVENUE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Doc 16 1972 Burea REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR un Tarreton VS 150

52 11508

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

YES

ADDRESS

before admission)

I II Under 24 Hours

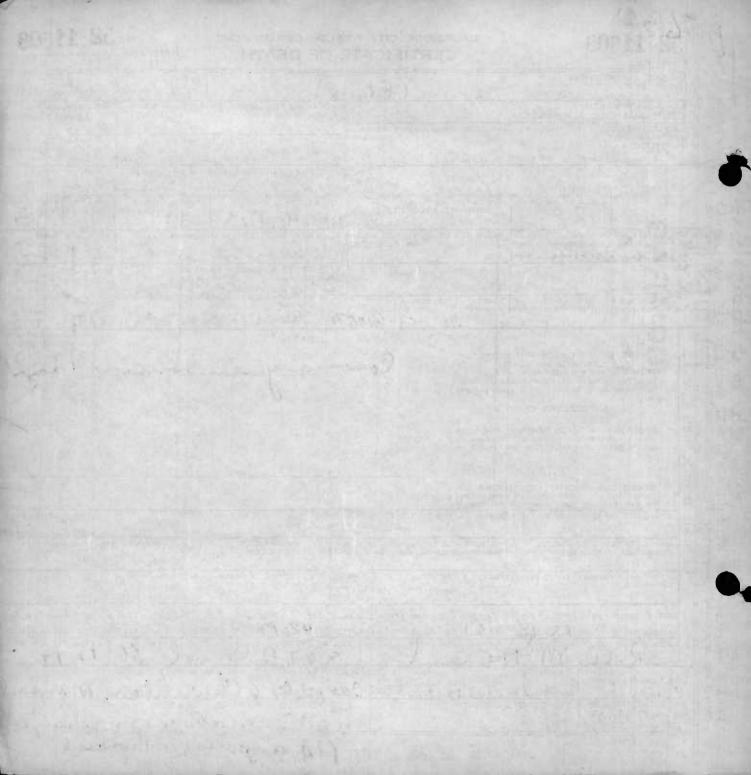
DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150

FUNERAL DIRECTOR

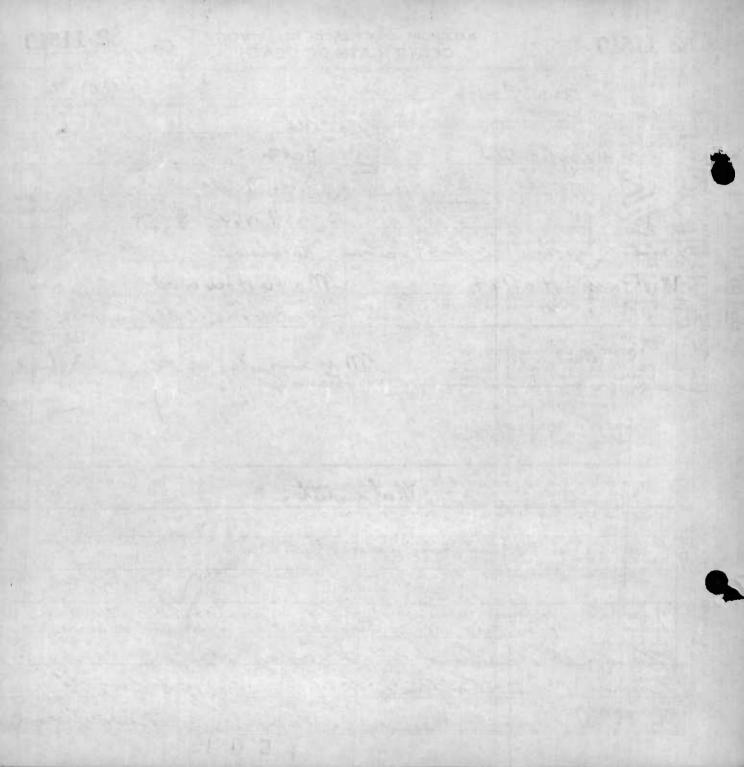


B-		260 BALTIMORE CITY HE	EALTH DEPARTMENT 5	2 11509	
The	J <sub>B</sub>	2 11509 CERTIFICATI	E OF DEATH Registered No.	- ALLOO	
		NAME OF DECEASED  Sype or Print)  MRS. EMILY BAKER	2. DATE OF DEATH /2-	19-52	
y supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)	
lly su	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. City or Jown (If outside corporate limits, w	vrite RURAL and give	
legiory.	3	UNIVERSITY HOSPITAL Yrs.	D. STREET ADDRESS (If rural, give location)		
be to		Length of stay in Baltimore Mos. Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years)   Unit	der 1 Year   If Under 24 Hours	
blud y an		WIDOWED, DIVORCED (Specify)	Nct. 21 1899 last birthday) Month	hs Days Hours Min.	
VDING information should be of death clearly and	wor]	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  HOUSEWIFE	11. BIRTHPLACE (State or foreign country)	WHAT COUNTRY	
r natio	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4, 4, 4,	
BINDING of inform uses of dea	15 (Ye	5. WAS DECLASED EVER IN U. S. ARMED FORCES?  a, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS	
BIN of i	_	M. Secontification	Namy L. Balon - Chester	Tom med.  INTERVAL BETWEEN	
Every item of in write the causes of		DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH	
Every write tl		(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	BACTERIAL ENDOCARDITIS	6-7weeks	
05		ANTECEDENT CAUSES	N ABSCESS (SEPTIC)		
	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	1		
GING SING	-ICA	UNDERLYING CONDITION LAST.	AL ABSUESSES (SEPTIC)		
MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CON-	110		
	CE	TO THE DISEASE OR CONDITION CAUSING IT.	ATION & CONGESTION	20. AUTOPSY?	
WITH rtant.	ICAI	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., b.		YES NO Ce exact location)	
Y, WITH	MED	LYING OR CONTRIBUTING About home, [arm, factory, street, office bldg., c			
		OF INJURY  OF INJURY  (Month) (Day) (Year) (Hour)  (Month) (Day) (Year) (Hour)  (While AT   NOT WHILE AT   NOT WHILE AT   WORK   NOT			
P. P.L.	N.	22. I hereby certify that I attended the deceased from 1/-2		that I last saw the	
PLEASE WRITE P		deceased glive on 12/19 1952, and that death occur	cred at / E Pm., from the causes and on the	23c. DATE SIGNED	
E W	2,4 T/1	M. D.	RY OR CREMATORY 240. LOCATION (City, town, or	(2-/9-52 county) (State)	
EAS		18 1 111. 20 100- 1 01 t	25, FUNERAL DIRECTOR A	DDRESS	
PL		DCAL REGISTRAR  HT Thurtington Williams M.P.	Marin V. Welliain - Clus	terlin med.	
		VS 150	1500		

Registered 12 11510 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. OATE OF Hellen DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, white RURAL and give INSTITUTION ! township) Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be SINGLE MARRIEO, WIDOWED DIVORCED (Specify) 5. SEX 6. COLOR OR RACE BIRTH AGE (In years) last birthday) Il Under I Year Il Under 24 Hours Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 108. KIND OF BOSINESS OR 12. CITIZEN OF SHAT COUNT information s 13. FATHER'S NAME MOTHER'S MAIDEN NAME iam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 38 Thewood m Every item write the cau INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disense, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE PLA eciall AT WORK WORK 22. I hereby certify that I attended the deceased from 12/16 , 195, to \_\_\_\_\_, 195, that I last saw the PLEASE WRITE correct age is esp deceased alive on 1962, and that death occurred at 5 2.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify REGISTRAR'S SIGNATURE 5 FUNERAL DIRECTOR LOCAL REGISTRAR

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information s s of death clear

of

item

UNFADING Physicians:

PLEASE WRITE PLA

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

20. AUTOPSY

1. NAME OF DECEASED ALOIS MASEK (Type or Print)

of Dec. 17, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence

3. PLACE OF DEATH: A. Baltimore City, Maryland 626 N. Curley St. A STATE Md. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR Baltimore (If outside corporate in s, write RURAL and give township) C. CITY OR TOWN INSTITUTION

Yrs. D. STREET ADDRESS (If rural, give iocation) Mos. 65 yrs.

626 N. Curley St. c. Length of stay in Baltimore Days 6. COLOR DR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH

5. SEX 9. AGE (In years If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. male white married Oct. 8, 1871 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12, CITIZEN OF

work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? retired - reed worker Czechoslovakia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Masek Anna Kucera

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.

Karoline Hartel Masek, wife, above INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., in Cordis Hocula disea 1 heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY

22. I hereby certify that I attended the deceased from 191 2that I last saw the deceased alive on . DEE 17, 1952, and that death occurred at 8 wm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS

NOT WHILE

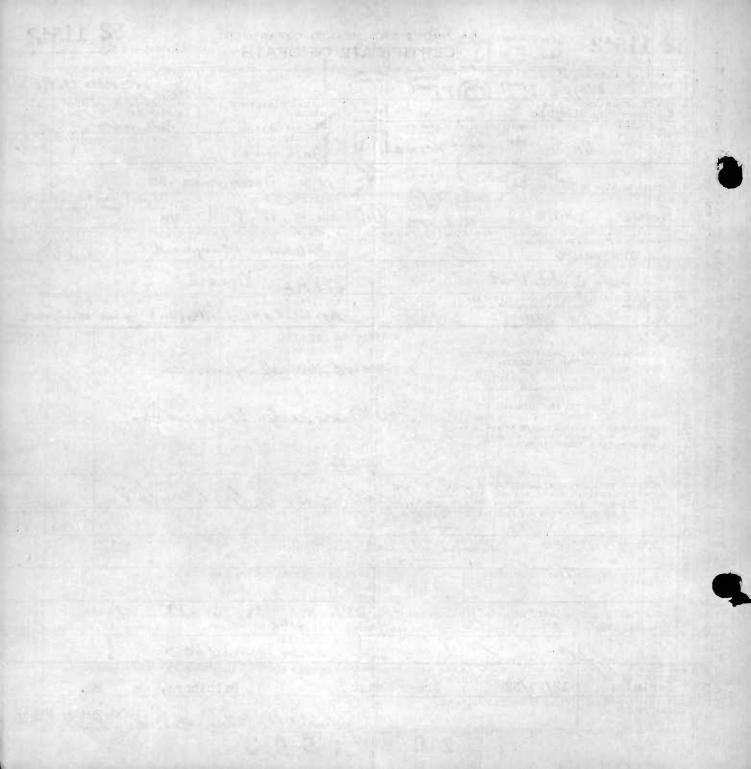
24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county)

TION, REMOVAL (Specify) Dec. 20. 1952 Oak Hill Cemeterv Horner's Lane, Balto. Md. 25 5 Schimunek Funeral Home, Inc. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

2601-3-5 E. Madison St. VS 150

LOCAL REGISTRAR

R-	1	40		BAI	TIMORE CI	TY HE	ALTH DEPARTM	FNT.		52 1	11512
The	БІ	2 11512 RTH NO.					E OF DEATH		Registere		
	(Type or Print)						OF DEC	Ember	19,1952		
pplie	S. PLACE OF DEATH: A. Baltimore City, Maryland				5	4. USUAL RESIDEN	NCE (Where			ion : residence before admission	
Sully supplied.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Union Memorial Hospital				location)	c. CITY OR TOWN.	(If outsi		mits, write	INURAL and give township	
egi	C. Length of stay in Baltimore Yrs.  Mos. Days			D. STREET ADDRESS (If rural, give location)  11 S. Beech wood Me			(d				
uld be	5.	Female 6.	Whits	7. SINGLE	MARRIED, VED, DIVORCED	(Specify)	bn 18, 187		AGE (In years last birthday)		as Hunder 24 Hours ays Hours Min.
on sho	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Housewife				11. BIRTHPLACE (St. Balhmere,				TIZEN OF HAT COUNTRY USA		
VDING information should of death clearly ar	John C. Stalfort					SELMA K	roedel				
R BINDING	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					MY. W. Colton Watts (SOA) Same os abour					
RESERVED FO INK. Every its please write the	CATION	(This does no heart failure, injury or cor	OR CONDITION CADING TO DEAT ADDING T	FH  of dying, e.,  ns the disease  aused death  EES  F ANY, GIVIE  STATING T	1G	my	occurcial u	efarch heart se	in	,	SET AND DEATH
MARGIN UNFADING Physicians:	RTIFI	OTHER SIG	II NIFICANT CONDI	TIONS CO	(C)	EU					
	CEF	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	D /	reli F OPER	20-Mac	lasas	cides	12	O. AUTOPSY?
WITH rtant.	CAL	21a. ACCIDENT	SUICIDE	1 21m DI	CE OF INJUR	V ( !-	or   21c. WHERE DI	D (16 in	Baltimore Cit		ES NO L
Y, WITH	MEDI	HOMICIDE (	Specify)		arm, factory, street, o				nanimore Cit	y, give exa	ict location)
ally in	2	21D. TIME (Mo: OF INJURY	nth) (Day) (Year)			OCCURRI	ED 21F. HOW DID I	INJURY OC	CUR?		
E PI specie		22. I hereby c	ertify that I att	cnded the	deceased from	m_DC	red at 912 1 m.,	to Doc	19, 19	53, that	I last saw th
WRIT is es		23A. SIGNATUR	DBen.	1195		M. D. 2	3B. ADDRESS Union Mer	The state of the s			DATE SIGNED
PLEASE WRITE PI correct age is especi	2. TI	AA. BURIAL, CRE	12/22/52	6/1/		CEMETE			rion (City, to	wn, or coun	
PLE	D	ATE RECEIVED E	Y   REGISTRAR'			(	John O. Mit		10	ADDR	aw Place
1		VS 150		9 5	200	10	1503				



52 11512 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE December 19.1952 EDWARD THOMAS HARRIS OF information should be confully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY New Jersey B. FULL NAME OF (If not in hospital or institution, give street address or US Public Health Service Hospital Drive & 31st street C. CITY OR TOWN (If outside corporate limits, write RURAL and give naklvn Wyman Pk. Drive D. STREET ADDRESS (If rural, give location) Yrs. ? 18 days Mos. 685 Johnson Avenue c. Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED DIVORCED (Specify) 3/27/99 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Engineer seafarer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Harris Martha Gilbert 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 7-11-5658 Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A Aortic Stenosis with cardiac Unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO insufficiency. Pleural effusion. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TE PLA especially NOT WHILE! WHILE AT RGB , 1952, to Dec. 19 , 19 52 that I last saw the 22. I hereby certify that I attended the deceased from Dec. 1 deceased alive on Dec. 19, 152, and that death occurred at 0:304 m., from the causes and on the date stated above. PLEASE WRITE correct age is esp 23A. SIGNATURE 23c. DATE SIGNED M. D. US PHS Hospital, Balto, Md. 24A. BURIAL, CREMA-TION REMOVAL (Specify) BUTIAL 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Locustwood Memorial Park Erlton. Dec. 23,1952 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR

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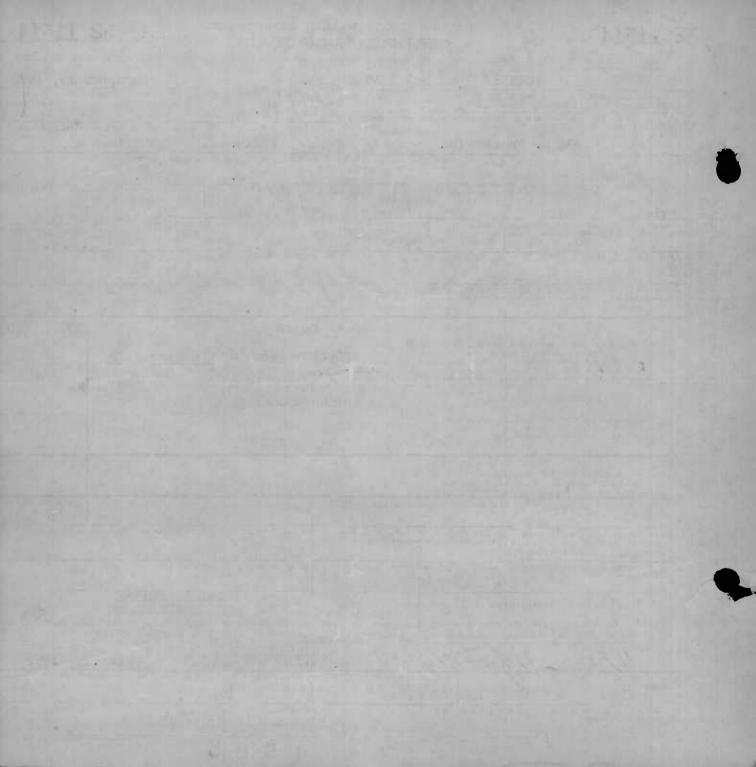
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PLEASE

## BAI TIMORE CITY HEALTH DEPARTMENT

Registered \$2 11514

CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) OF JAMES. CRACKAN DEATH December 19, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits we te RURAL and give C. CITY OR TOWN township) 838 E. Preston St. Balto. on should be careful clearly and legibly. D. STREET ADDRESS (If rural, give ocation) Yrs. Mos. Life 838 E. Preston St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | Monder | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH Married /at /I895 Male 11. BYRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY work dooe during most of working life, even if retired) Balto. Perk Board information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James McCrackan Catherine Tangney 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or onknown) (If yes, give war or dates of service) SECURITY NO. Charles J. McCrackan 3IIO North causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Arteriosclerotic Cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Disease XXXXXXX injury or complication which caused death.) ANTECEDENT CAUSES Coronary Occlusion INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CATI UNDERLYING CONDITION LAST. UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X important. CA 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about home, farm, factory, struct, office bldg., etc.) UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT especially AT WORK WORK partial autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23B. CHIEF MEDICAL EXAMINER ..... 1 23A, SIGNATURE ge ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 246 AME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248. DATE correct 22 Cathedral Balto. Md DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Flynn & Fleming I426 Light St.



BIRTH NO. 1. NAME OF DECEASED (Type or Print) ELIZA 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital B. FULL NAME OF HOSPITAL OR INSTITUTION 350h Fairvie

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Charles W. Owens 15. WAS DECEASED EVER IN U. S. ARMED

DISEASE OR CONDITION DEATH LEADING TO DEATH (This does not mean the mode of

heart failure, asthenia, etc. It means injury or complication which can

DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S

UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITI TRIBUTING TO THE OEATH, BUT NO

female

13. FATHER'S NAME

(Yes, no or nnknown)

no

18.

6. COLOR OR RACE

(If yes, give war or dates o

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BALTIMORE CITY HE CERTIFICATE		Registere	2 11515 No. 11515
BETH OWENS PERKINS		OF DEATH	ec. 19, 1952
or institution, give street address or location)  W AVE •  Yrs. Mos.	A. USUAL RESIDENCE (WA. STATE Md. C. CITY OR TOWN (If of Baltimore D. STREET ADDRESS (If r	here deceased lived B. COUNTY outside corporate it	
Days 7. SINGLE, MARRIED, WIDOWED DIX GREED (Specify) WIGOWED OB. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH Aug. 15, 1871 11. BIRTHPLACE (State or for Maryland	9. AGE (In years last birthday)	Months: Days Hours Min
FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NA Mary Franklin Des 17. INFORMANT Mr. E. F Perkins	ale	ADDRESS airview Ave.
dying, e. g., the disease, seed death.) OUE TO			INTERVAL BETWEE ONSET AND GEAT
ONS CON- DIT RELATED LAUSING IT.  B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c  Hour) 21E. INJURY OCCURRI  while AT NOT WHILE AT WORK AT WORK  anded the deceased from	ED 21F. HOW DID INJURY	OCCUR?	y, give exact location)
192 2. and that death occur			the date stated about

19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

210, TIME (Month) (Day) (Year) (OF INJURY

22. I hereby certify that I atter deceased alive on the

12/22/52

TO THE DISEASE OR CONDITION O

24C. NAME OF CEMETERY OR CREMATORY

Chester Cem.

FUNERAL DIRECTOR 25

ADDRESS

VS 150

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Juntanglos

24D. LOCATION (City, town, or county)

Chestertown, Md.

c. DATE SIGNED

DEN SYLL & DORE

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## BALTIMORE CITY HEALTH DEPARTMENT

52 11516

	ONGIL	CERTIFICAT	E OF DEATH Registered No.	TTORO
	IRTH NO.	CERTIFICAT	LOIDLAIN	
	NAME OF DECEASED Type or Print)	Turner	2. DATE OF DEATH DEC.	194 1952
B. I	FULL NAME OF (If not in hospits	Belliman Beli Uni. al or institution, give street address or location)  mariel Huspitel	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	before admission)
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore	Days	107 W. Moniment St.	
2	enale whik	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Unde	
/10 work	A. USUAL OCCUPATION (Give kind of k done doring most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Maryland	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Charles Rittle		Size Blanes	
15	. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	17. INFORMANT ADDR	3506
(Yes	(If yes, give war or dates	security No.	Mrs. Isabell Waldman-116 W. Uni	
ATION	18. 443 1 DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It meating in the complication which complete the complex of t	of dying, e.g., (A)	tiped menisolerens	nee. 13
TIFICA	UNDERLYING CONDITION LA	STATING THE DUE TO	ntire enteriordnetic condin-	(१९६
F	UNDERLYING CONDITION LA  II  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT	STATING THE DUE TO AST.  (C) Kype to	ntire enteriordhatic cardio- rascilar disease.	(952
CERTI	OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  19A. DATE OF OPERATION  19B. DATE OF OPERATION  11B. DATE OF OPERATIO	CC) Kype to (CC) K	RATION	20. AUTOPSY?
F	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  Profile (Month) (Day) (Year)  OF INJURY  22. I hereby certify that I att	STATING THE DUE TO AST.  (C) Kyps Kee  (C) Kyps Kyps Kee  (C) Kyps Kee  (C) Kyps Kee  (C) Kyps Kee  (C) Kyps Kee	RATION  To or 2 ic. Where DID (If in Bultimore City, give etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR? Pat.  A in uneum science by a company of the causes and on the cause and on the caus	20. AUTOPSY? YES NO Rexact location)  friend that I last saw the
MEDICAL CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1:  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  Product  21D. TIME (Month) (Day) (Year) OF INJURY  22. I hereby certify that I att deceased alive on	STATING THE DUE TO AST.  (C) Reported  (C) R	RATION  Do of 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR? Pat. M.  A junction stime for the causes and on the causes and on the causes and on the cause and on the cause of the	20. AUTOPSY?  YES NO Rexact location)  A friend  that last saw the late stated above.  3c. DATE SIGNED  Dec. 41 D

UNFADING INK. Every item of information should be car Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAI

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B	15	- J 11 E/I D	HEALTH DEPARTMENT	52 Registered No.	11507
ed. The	1.	I. NAME OF DECEASED Type or Print Blake-Majane Edmond.		2. DATE OF DECEM	ber 18-1952
ally supplied	B.	B. PLACE OF DEATH:  a. Baltimore City, Maryland BAHO-Md.  3. FULL NAME OF (If not in hospital or institution, give street address of location NSTITUTION)  NSTITUTION		here deceased lived. If inst B. COUNTY outside corporate limits,	before admission)
egrany	200	Home for Lnewrables  Length of stay in Baltimore Life Mos. Days	700 11	rural, give location)  4. 40 2 5 7	tawnship)
on should be	10	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOWED, DI	Sep 12- 1866 11. BIRTHPLACE (State or for	last birthday) Months	GITIZEN OF
information s s of death clea		NONE-  3. FATHER'S NAME  AMWEL ELMONDS	14. MOTHER'S MAIDEN NA	,	V, SA -
of	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	HELENK. RUSS	Ell-Home for	RESS  [Newrables  Interval Between
y ite		DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease,	Joseph Infor	etin (2)	8 Doy.
please	ATION		gradul lufe trunctioni (co	itim ()	1 year
UNFADING Physicians:	CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON-	sulrophia a	Ohnter	10 years
7, WiTH I	EDICAL	194. DATE OF OPERATION   198. MAJOR FINDINGS OF PE	, in or   21c. WHERE DID (If	f in Baltimore City, give	20. AUTOPSY7 YES No exact location)
II) mpo	ME		RED 21F. HOW DID INJURY	OCCUR?	
RITE PE.		22. I hereby certify that I attended the deceased from deceased alive on parties, 1952, and that death occurrence 23A. SIGNATURE	urred a 735 Pm., from th	the causes and on the c	hat I last saw the late stated above 3c. DATE SIGNED
PLEASE WRITE correct age is esp		Burial 12/22/52 All Saints Ep	ois. Cem. Sun	derland, Md.	
PLE	DL	DATE RECEIVED BY REGISTRAR'S SIGNATURE , Local REGISTRAR   Manual Control of the	25 TUNERAL DIRECTOR	ckner &	POPESS
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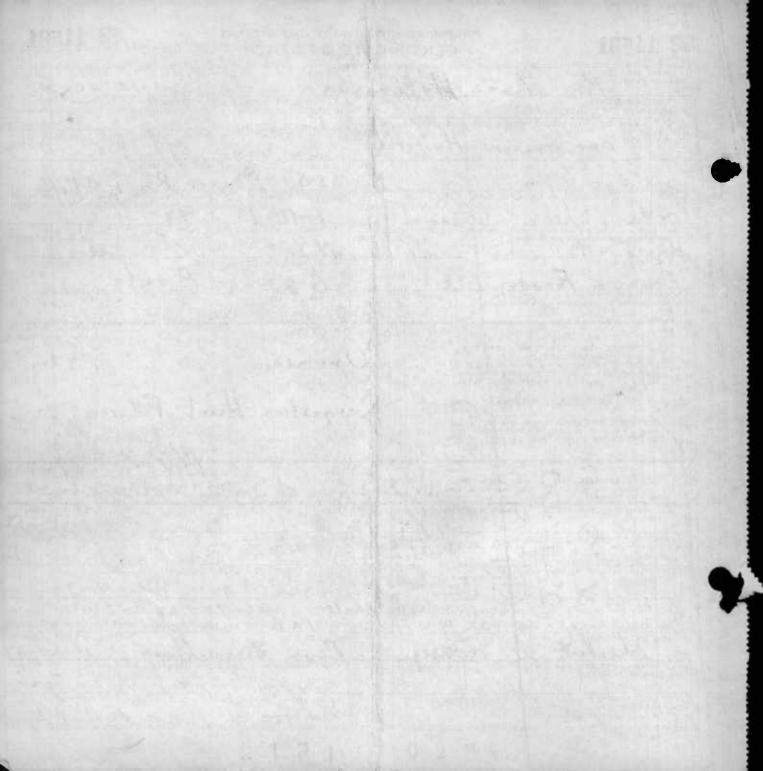
Registered No. 11518 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Dec. 18, 1952 (Type or Print) OF Mr. Max Epstein DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION lercy Hospita Montreal D. STREET ADDRESS (If rural, give legation) Yrs. Mos. 73 Michel Bibaud hours c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years) H Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. should clearly IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Canada Cauntr INDUSTRY turniture Business information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hirsch Kachael 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Wite - Mrs. Jennie Epstein - same INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebral Vascular accident - Hemorrhage heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Generalized arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY mportant. DICA 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE 04x1952 to Dec. 18 22. I hereby certify that I attended the deceased from Dec. 17, , 1953 that I last saw the WRITE deceased alive on Dec 18, 19 5 and that death occurred at 8 - 1 m., from the causes and on the date stated above. 23A. SIGNATURE A 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 4c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or PLEASE 12-20-12 DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR LOCAL REGISTRAR Humbandon VS 150

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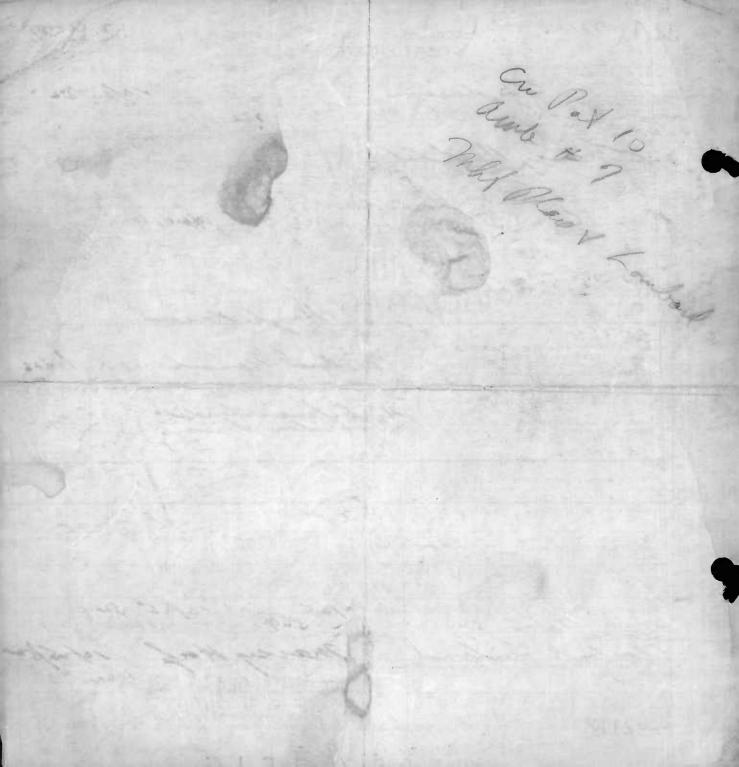
Registered No. 11519 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE LEXANTER. OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hespital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If cutside corporate limits write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS) (If rural, give location) ca Mos. c. Length of stay in Baltimore 6. COLOB OR RACE 7, SINGLE, MARRIED It Under 1 Year 8. DATE OF BIRTH 9. AGE (Myears H Under 1 Year H Under 24 Hours last burthday) Months Days Hours Min. ff Under 24 Hours WIDOWED, DIVORCED, (Specify) should narried 10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR 11. ENRTHBLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? information s s of death clea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME wram 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL NFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. of item 420.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Ohrampsis da (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WRITE PLAN AT WORK WORK 22. I hereby certify that I attended the deceased from\_ 5/5 1946. to 12/19 , 19r1, that I last saw the deceased alive on 12 119 , 195 L. and that death occurred at 4 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 2320 M. D. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 246. DATE PLEASE 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 8-12 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR UEU 2.100 VS 150 .

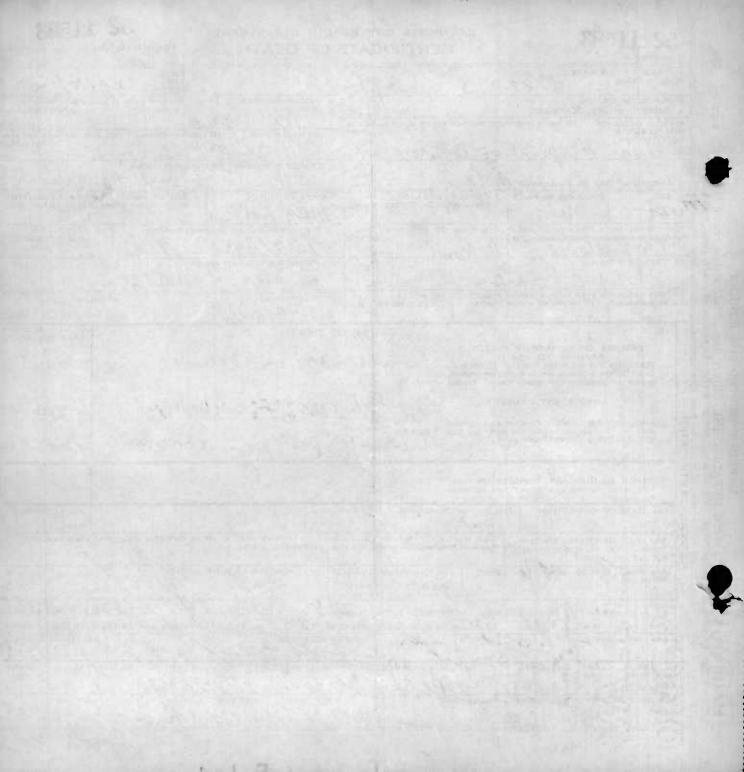
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5	2 115	30			EALTH DEPARTMENT E OF DEATH	Registered	2 11520
	RTH NO.	FOELOED			2 OF BEATH		
(T	NAME OF D ype or Print)	MRS. 1	FANNIE	BELM	AN	2. DATE OF DEATH /2	119152
A.		City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, I. B. COUNTY	institution : residence before admissio
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospi	tal or institution, give	[ Incetion)	c. CITY OR TOWN (1	f outside corporate limi	to write RURAL and gi
11		07-20	anglan	100	Saltin	ne L	townshi
6.	Length of s	tay in Baltimore		Yrs. Mos.	3308	f rural, give location)	
	SEX	6. COLOR OR RACE		RRIED. IVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year   II Under 24 Houndary 24 Houndary 1 Mi
	F	W			aug. 3,1870	82	onthis Days Hours Mr
orh	A, USUAL OC Agne during most	CUPATION (Give kind of working life, even if retired	10B. KIND OF E	INDUSTRY	11. FRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTR
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	NAME	
15	WAS DECEASE	D EVER IN U. S. ARME	D CORCECT LIC	,4	tera arons	ow-	
Yes	, no or unknown)	(If yes, give war or date		SECURITY NO.	17 INFORMANT	10-04-7 - A	DDRESS
	18.443	1		CAUSE	OF DEATH	acore ,	INTERVAL BETWE
	1 /	SE OR CONDITION	DIRECTLY	10	Parti		ONSET AND DEA
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		re, asthenia, etc. It me complication which		DUE TO	No.		
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$\frac{z}{0}$	DISEASE	S OR CONDITIONS.	IF ANY, GIVING	(E)	limos sulas.	Dune	
Y		THE ABOVE CAUSE (A)		DUE TO			
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RT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  SINGLE THE DEATH, BUT NOT RELATED						
S	TO THE D	ISEASE OR CONDITION	N CAUSING IT.				
AL	ISA. DATE C	F OPERATION	198. MAJOR FINE	INGS OF OPER	ATION		YES NO
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ME							
	OF INJURY	Month) (Day) (Year	) (Hour) 21E. II	NJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
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	deceased a	y certify that La	1952, and t			the causes and on t	
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TIC	REMOVAL (S	pecify) /2- Z.1		11.0 13	nac	Batto	7/10
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	. NAME OF D	DECEASED			2. DATE.		
3.	. PLACE OF E	DEATH:	Moure	4. USUAL RESIDENCE	DEATH	If institution: reside	
	. Baltimore	City, Maryland OF (If not in hospite	al or institution, give street address or	A. STATE	B. COUNTY	before adm	
	NSTITUTION		location)	C. CITY OR TOWN	(If outside corporate lin	nits, write, RURAL at	
3	7	mary	Yrs.	D. STREET ADORESS	off rural, give location)		
c.	. Length of s	stay in Baltimore	Mos. Days	amy			
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE on said last barthday)	If Under I Year Months Days Hours	
1C	OA. USUAL OC rk done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COU	
13	3. FATHER'S	NAME /		14. MOTHER'S MAIDEN NAME			
_	,						
(Ye	es, oo er uoknowe)	ED EVER IN U. S. ARMED (If yee, give wer or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	18 1/1/0	· ·	CAUSE		Records	INTERVAL BE	
	18. 443 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	injury or		aused death.) DUE TO			7	
N	injury or	complication which es	aused death.) DUE TO	Levaine 9	andis -	9	
TION	DISEASE	complication which complication which completely cause of conditions, if the above cause (a)	aused death.) DUE TO  ES ANY, GIVING STATING THE DUE TO	Levin &	endis-	7	
OA	DISEASE	complication which es ANTECEDENT CAUS S OR CONDITIONS, IF	aused death.) DUE TO  ES ANY, GIVING STATING THE DUE TO	Lever of	adis-	,	
FICA	DISEASE RISE TO 1 UNDERL	complication which complication which complete cause of the cause (a) and complete cause (b) and complete cause (c) and c) and complete cause (c) and c) and	ANY, GIVING STATING THE DUE TO	the of	ivan		
ERTIFICA	DISEASE RISE TO 1 UNDERL'	complication which complication which complete cause (A) some cause (A) ying condition Later (A) condition the condition condition in the cause (A) so the cause (A) condition condition condition to the cause (A) condition condition condition to the cause (A) condition conditi	ES  ANY, GIVING STATING THE DUE TO  CONTROL CO	Lucius G	érdis-	,	
RTIFICA	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING	complication which complication which complete cause (A) ying condition Later (B) in the complete cause (B) in the complete can be conditioned to the death, but in the condition condition the condition condition can be conditioned to the can be conditioned to the condition can be conditioned to the conditioned to	ES  ANY, GIVING STATING THE DUE TO  CONTROL CO	rular els	adis-	20. AUTOF	
L CERTIFICA	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING	complication which complication which complete cause (A) ying condition later than the complete cause (B) ying condition later than the complete cause (B) to the death, but to disease or condition	TIONS CON- NOT RELATED CAUSING IT.  DUE TO  (B)  (B)  (B)  (B)  (C)  (C)  (C)  (C)	ration	icac	YES	
EDICAL CERTIFICA	DISEASE RISE TO TUNDERL  OTHER S TRIBUTING TO THE C	Complication which complication which cause (A) SOR CONDITIONS, IF THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE TO THE DEATH, BUT IN THE ABOVE CONDITION TO THE DEATH, BUT IN THE ABOVE CAUSE THE ABOVE CAU	TIONS CON- NOT RELATED CAUSING IT.	RATION  or   21c. WHERE DID	(If in Baltimore City		
DICAL CERTIFICA	OTHER STRIBUTION TO THE COLUMN	Complication which complication which cause (A) SOR CONDITIONS, IF THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) THE ABOVE CAUSE TO THE DEATH, BUT IN THE ABOVE CONDITION TO THE DEATH, BUT IN THE ABOVE CAUSE THE ABOVE CAU	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., c (Hour)   21E. INJURY OCCURR	CATION  O OF 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City	YES	
EDICAL CERTIFICA	OTHER STRIBUTION TO THE COLUMN	Complication which complication which cause (A)  SOR CONDITIONS, IF THE ABOVE CAUSE (A)  FIND CONDITION LAST CONDITION CONDITION CONDITION CONDITION CONTROL CONDITION CONTROL CONTRIBUTING CONTRIBUTION	ANY, GIVING STATING THE  TIONS CON- NOT RELATED CAUSING IT.  218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., of the content	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJ	(If in Baltimore City	yes y, give exact location	
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EDICAL CERTIFICA	OTHER STRIBUTION TO THE COLUMN	Complication which complication which cause (A)  SOR CONDITIONS, IF THE ABOVE CAUSE (A)  FINE ABOVE CAUSE (A)  SIGNIFICANT CONDITION (A)  SIGNIFICANT CONDITION  OF OPERATION (A)  DEPT WAS UNDER-  R CONTRIBUTING (A)  DEATH  (Month) (Day) (Year)  The certify that I attallive on (A)	ANY, GIVING STATING THE  DUE TO  ES  ANY, GIVING STATING THE  DUE TO  CONTROL	21c. WHERE DID INJURY OCCUR?  ED 21f. HOW DID INJ  21f. How DID INJ  21f. How DID INJ	(If in Baltimore City	y, give exact location  Athat I last so the date stated	
EDICAL CERTIFICA	OTHER STRIBUTION TO THE COLOR OF INJURY	Complication which complication which cause (A)  SOR CONDITIONS, IF THE ABOVE CAUSE (A)  FINE ABOVE CAUSE (A)  SIGNIFICANT CONDITION (A)  SIGNIFICANT CONDITION  OF OPERATION (A)  DEPT WAS UNDER-  R CONTRIBUTING (A)  DEATH  (Month) (Day) (Year)  The certify that I attallive on (A)	ANY, GIVING STATING THE DUE TO  FIONS CON- NOT RELATED CAUSING IT.  PB. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., ic about home, farm, factory, street, office bidg., c. while at work while at work while at work work at work and that death occur.	AATION  o or 21c. WHERE DID INJURY OCCUR?  ED 21f. HOW DID INJ	(If in Baltimore City	yes y, give exact location	
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MEDICAL CERTIFICA	OTHER STRIBUTION TO THE COLUMN	Complication which complication which can antecedent cause (A) and the above cause (A)	ANY, GIVING STATING THE  DUE TO  ES  ANY, GIVING STATING THE  DUE TO  COLUMN  TIONS CON- NOT RELATED CAUSING IT.  DB. MAJOR FINDINGS OF OPER  ADOUT HOME AT WORK  CHOURY  WHILE AT NOT WHILE AT WORK  AT WORK  TO TO TO THE AT WORK  TO THE AT	21c. WHERE DID INJURY OCCUR?  ED 21f. HOW DID INJ  red at \$1.9 m., from 38. Address	(If in Baltimore City URY OCCUR?  m the causes and on LOCALON (City, tov	yes  y, give exact location  that I last so the date stated 23C. DATE SI	
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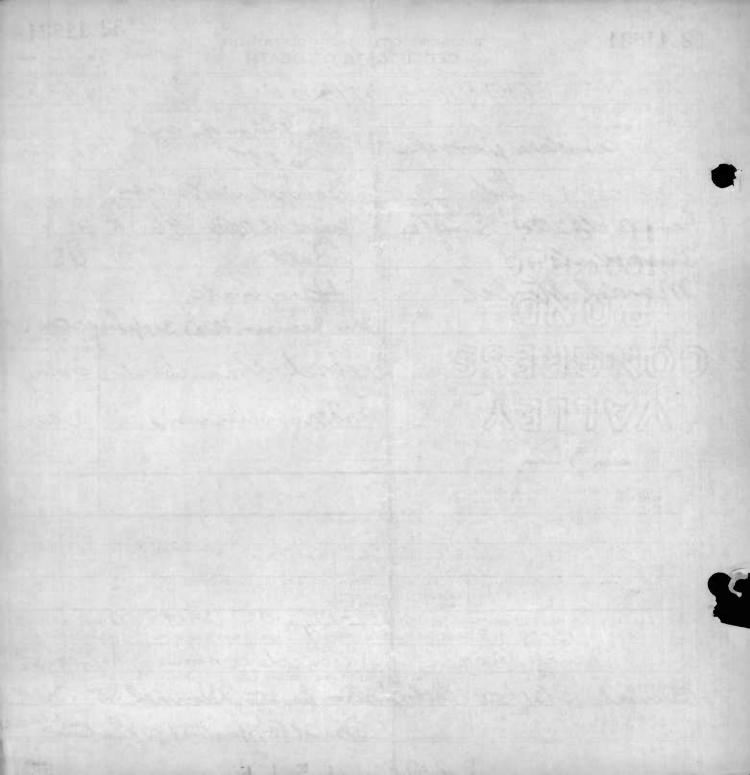


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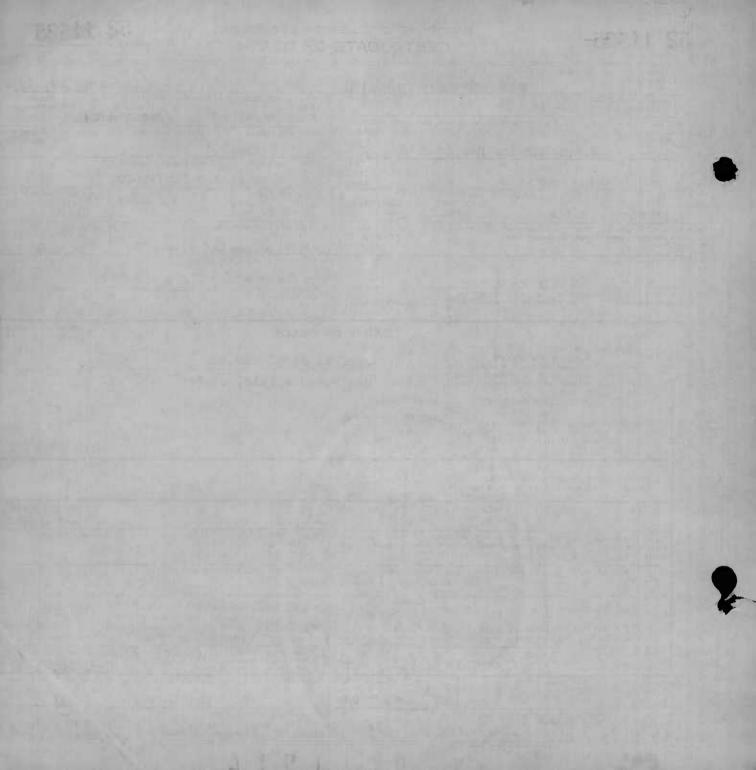
## 52 11524

BII	RTH NO.	CERTIFIC	CATE OF DEATH	Registered	No.		
1.	NAME OF DECEASED BER	THA	STIEBEL	2. DATE OF DEATH	2-19-		
Α.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	E (Where deceased lived, I	f institution : reside before adn		
HO	FULL NAME OF (If not in hospital or STITUTION Complete )	institution, give street add	dress or cation) C. CITY OR TOWN	(1) butside convorate lim	its, write RURAL a		
7	D.		Yrs. D. STREET ADDRESS	(If rural give location)	Zulaw		
c. 5.	Length of stay in Baltimore SEX 6. COLOR OR RACE 7	SINGLE, MANKIED.	Days 8. DATE OF BIRTH	9. AGE (In years last hirthday)	If Under 1 Year   Il Under		
10/ Work	A. USUAL OCCUPATION (Givekindof 10)	KIND OF BUSINESS	OR MARCH State	or foreign country)	8 3 12. CITIZEN OF		
	done during most of working life, even if retired)	INDI	Balk		WHATSOU		
2	Nendel Strel	el	14. MOTHER'S MAIDE	ale .			
15. (Yes.	VAS DECEASED EVER IN U. S. ARMED FOR (If yee, give war or dates of se	CES? 16. SOCIAL SECURITY	NO. 17. INFORMANT	10/25 8144	ADDRESS		
Tie causes	18. 332X		USE OF DEATH	Mers Sirg.	NTERVAL BE		
	DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th	ng, e. g., (A)	erebral th	rombosi	3 do		
	injury or complication which caused ANTECEDENT CAUSES	death.) DUE TO	arteriosel	2 3			
NO	DISEASES OR CONDITIONS, IF AN	(B)	arenosa	eros	Jea		
	RISE TO THE ABOVE CAUSE (A) STA' UNDERLYING CONDITION LAST.	(C)					
CERTIFICA	II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED					
	19A. DATE OF OPERATION 19B. I	SING ITAAJOR FINDINGS OF	OPERATION	······································	20. AUTOF		
EDICAL	21A. ACCIDENT WAS UNDER:   2	18. PLACE OF INJURY	(e.g., in or   21c. WHERE DID	(If in Baltimore City,	give exact location		
MEDI	LYING OR CONTRIBUTING About CAUSE OF DEATH	ut home, farm, factory, street, off	ce bldg.,etc.) INJURY OCCUR?				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT WORK AT WORK						
6		m. WHILE AT NO	WORK				
Specialis	22. I hereby certify that I attend deceased alive on 12-19	m.   work   AT	12-17 45 1949 to				
2	/2	m. WORK AT	12-17 45 1949 to	m the causes and on			
Correct age is especially	deccased alive on 12-19, 19	m.   work   AT	occurred at pm., from 23B ADDRESS  D. Sevendale		23c. DATE SI 12-19-1		

VS 150



050 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH SIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) DEATH December 19, 1952 ROLAND-MARIE DROUIN supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland HOWARD (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION Johns Hopkins Hospital Jessup D. STREET ADDRESS (If rural, give location) legibly. Yrs. Mos. Washington Boulevard c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | N Under 1 Year | N Under 24 Hours | Months: Days | Hours | Min. should be WIDOWED, DIVORCED (Specify) 10-28-5 White Female SINGLE 22 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF clearly WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY U of M Hospital Bats at information s of death cle 13. FATHER'S NAME LAJEUNESSE THERESA MAURICE DROUIN BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. MAURICE DROUIN INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Aspiration of vomitus LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED gastro-enteritis, acute injury or complication which eaused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT ecially WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry esb the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE is esp and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \supseteq \), undetermined \( \subseteq \). 23B. CHIEF MEDICAL EXAMINER .... 23A. SIGNATURE 23c. DATE SIGNED M ASSISTANT MEDICAL EXAMINER ge MEDICAL INVESTIGATOR ... a PLEASE 24C. NAME OF CEMETERY OR GREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOYAL (Specify) 24B. DATE 12-21-52 JESSUF STLAWRENCE BORIAL ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE AGAL REGISTRAR VS 151



533	59 44ron
52 11526 BALTIMORE CITY H	EALTH DEPARTMENT 52 11526
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print)  James H. Penton.	DEATH Dec 20.1952
James H. Penton.  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION  3609 Malden Ave.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address o	
INSTITUTION	townshi
3609 Malden Ave.	Baltimore / 5 00  D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Life Mos.	3609 Malden Ave
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years) If Under I Year   If Under 24 Hou
Male White Widower (Specify	July 2.1888   64   Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Retired Restaurant Operator	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Penton	Mary Cook.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mrs.Enos Price.3609 Malden Ave
18. 420.1 CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The Roal ! Ihm
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	· circugo occión viano
injury or complication which caused death.) DUE TO	rman Heart One 2 year
ANTECEDENT CAUSES	romany Hart During Lycan
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	
V U 21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (6. E.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE THE WORK AT WORK	
22. I hereby certify that I attended the deceased from	e 10 , 1948 to Dec 20 , 1952, that I last saw t
deceased alive on Le. 19, 1952 and that death occu	rred at 1 3, m., from the causes and on the date stated above
	238. ADDRESS 23c. DATE SIGNE
Mary Wallenslein M. D.	848 W 36 # 12/01/02
24a. BURIAL, CREMA- TION, KEMOVAL (Specify) 24b. DATE 24c. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
Burial Dec 22/52 Druid Ridg	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DEU 2 1 1957   Huntington Williams Co	cueum pronovan 30/8/Jolang
VS 150	1 hour.
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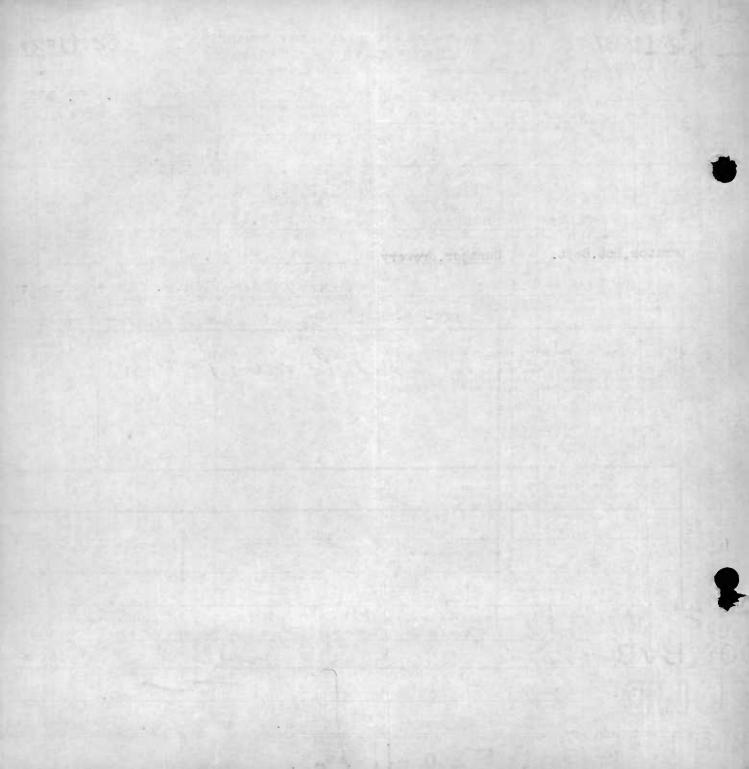
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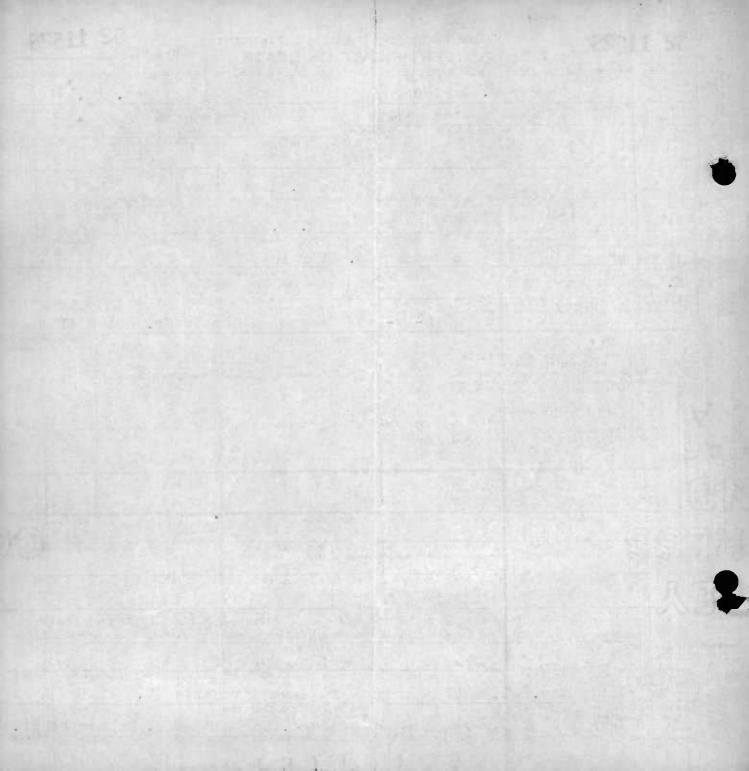
9. AGE (In years | f Under | Year | ff Under 24 Hours | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? 125.N. Glover Street ADDRESS Mary Smith 125 N. Glover Street ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , that I last saw the .m., from the eauses and on the date stated above. 24D. LOCATION (City, town, or county) ADDRESS John A. Moran 3000 E. Baltimore St

Dec.

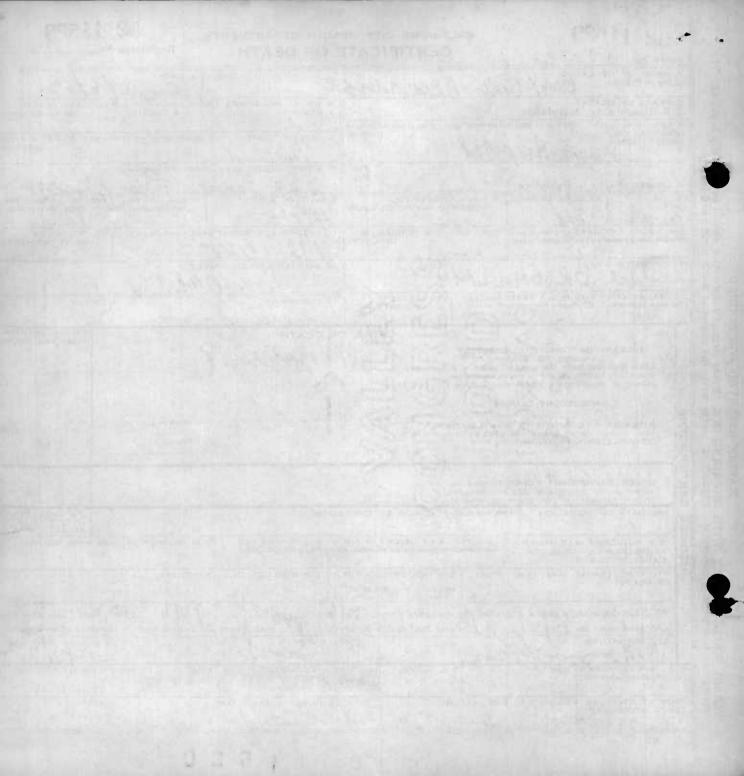
before admission)



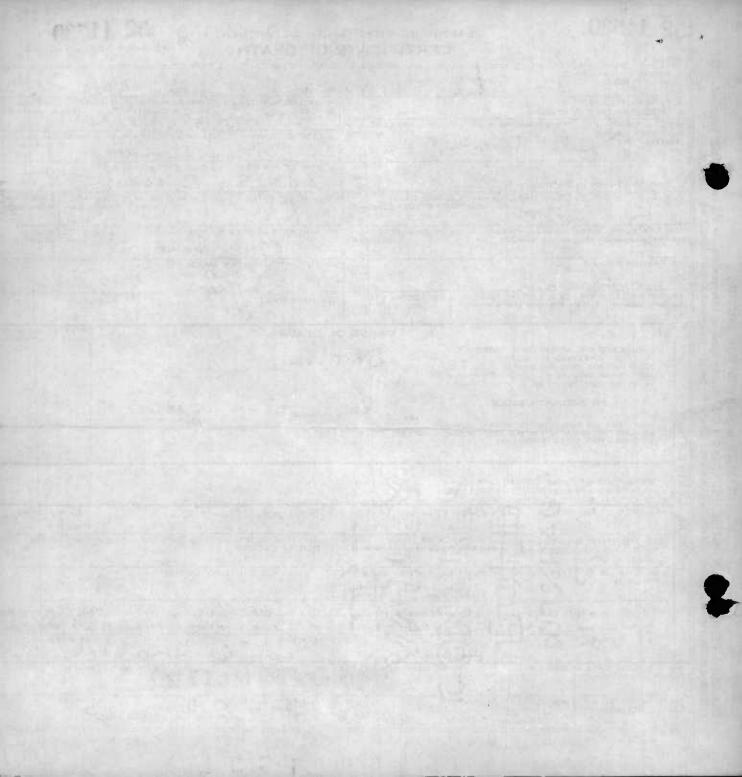
52 11528 52 11528 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 18,1952 illy supplied. George W. Carter 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Marylands. COUNTY before admissi A. Baltimore City, Maryland 604 E 41st Street before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bal timore D. STREET ADDRESS (If rural, give location Yrs. Mos. 604 E. 41st Street c. Length of stay in Baltimore Davs a should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | | Under 24 Hours | Iast birthday) | Months; Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Male white Oct.19.1888 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle Foreman Balte Copper Co. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E. Jav Carter Arabella Bells 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Treet SECURITY NO 212-10-1593 Jo George W Carter Jr. 604 E 41st Every item write the cau 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO RTIFICATI UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION ) 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY TE P. especially WHILE AT WORK AT WORK , 1950, to le 6 . 195 that I last saw the 22. I hereby certify that I attended the deceased from Acat. PLEASE WRITE correct age is esp deceased alive on Dec. 15, 1957, and that death occurred at 13459.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) Birial 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Dek.) 22, 1952 Loudon Park Cemetery Balto Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS untinglow John A. Moran 3000 E. Baltimore St. VS 150



13-	1	52 11529 BALTIMORE CITY HE		52 1	1520		
The .	BI	Registered No.	alle Nowe J				
	1.	NAME OF DECEASED Y GRE BROWNLLE	R	2. DATE OF	182		
pplie	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WEAL STATE	DEATH here deceased lived. If inst B. COUNTY	itution: residence before admission)		
fully supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or opening of the street addre	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township  D. STREET ADDRESS (If rural, give location)				
fu gably.	4	Yrs. Mos.					
ld be	5.	Length of stay in Baltimore   Clary Days   SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	H Veer H Under 24 Hours B Days Hours Min.		
should be	10	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  INDUSTRY	II. BIRTHPLACE (State or for	eign eountry)   12.	CITIZEN OF WHAT COUNTRY?		
VDING information of death cl	13	FATHER'S HAMES PALA I HA	14. MOTHER'S MAIDEN NA	ME O (	U:S.		
BINDING of inforn uses of de	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? B. Bolor and Bown) (If you, give wer or dates of service) SECURITY NO.	17. INFORMANT	ADDF	RESS		
~ = I	1	18. 776× 1 CAUSE	of DEATH		INTERVAL BETWEEN ONSET AND DEATH		
F 5 1		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
RESERVED INK. Every please write to		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES					
RESE INK.	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
MARGIN NFADING nysicians:	FICA	(C)					
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
₩.	AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION		YES NO		
CY, WIT	1EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e		in Baltimore City, give	exact location)		
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  m. WHILE AT NOT WHILE AT WORK		OCCUR?			
TE especia		22. I hereby certify that I attended the deceased from 126 940195, to 195, that I last saw the deceased alive on 195, and that death occurred at 940195, to m., from the causes and on the date stated above.					
RI			3B. ADDRESS		3C. DATE SIGNED		
PLEASE W	24 TIC	NA. BURIAL, CREMA- DN, REMOVAL (Specify)	RY OR CREMATORY 240. LO	CATION (City, town, or o	county) (State)		
PLE		DEC 2 1 1050 Hay ton Williams M.	25. FUNERAL DIRECTOR /	Villianus M.F.	DDRESS		
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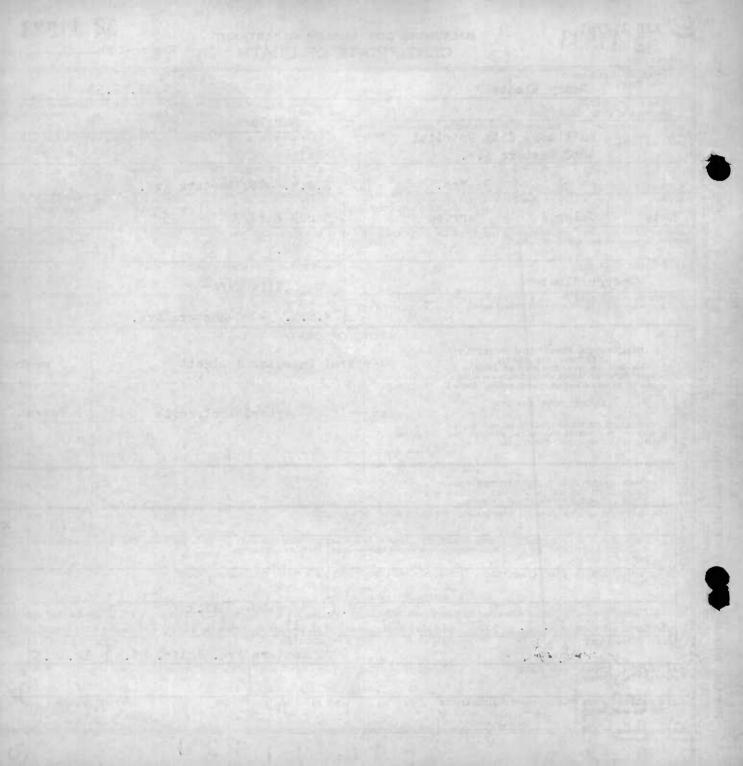
52 11530 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The BIRTH NO. 2 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. BAB LEATHAM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. CQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or rand HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yro. D. STREET ADDRESS (If rural, give location) Mes. c. Length of stay in Baltimore Days should be 5. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year AGE (In years H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Nickindel) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information s s of death clea WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 0.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ticemia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Erry the plants si Getale. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 0 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE especialr WORK 1957 to 22. I hereby certify that I attended the deceased from\_ 195 That I last saw the 195 V, and that death occurred at 10 cm., from the causes and on the date stated above. deceased alive on 12 WRITI ge is es 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE correct ag 24A. BURIAL. CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR wartinglow witinglow VS 150



52 11531 BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH BIRTH NO MLB. 85233 1. NAME OF DECEASED 2. DATE (Type or Print) OF John Whitty supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 494C Eastern Ave Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. 4940 Eastern Ave. c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year ast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Widowed Jan 4, 1869 Male White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Whitty Julia White John 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ecordsb: Baltimore City Hospitals SECURITY NO. 18. 002 X INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Chronic Pulmonary Tuberculosis Far Advanced . Active heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilateral Kannt Zymanowski for ectropion
Bilateral cataract extraction for cataract 20. AUTOPSY 21B. PLACE OF INJURY (c. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 12-4-. 1943. to 12-3-22. I hereby certify that I attended the deceased from. \_. 19\_52 that I last saw the PLEASE WRITE correct age is esp 12-3-, 19 52. and that death occurred at 10.35 p. from the eauses and on the date stated above. deceased alive on\_\_\_\_ 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. Balto. Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR untiniston untructor VS 150 130

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52 11534 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SLEGTENHORS DRIAN Jacob supplied. 12-20-52 DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or FloRida B. FULL NAME OF Unen Memorial Hospital C. CITY OR TOWN (If outside corporate limits, write IH) RAL and give D. STREET ADDRESS (If rural, give location) Yrs. week ONR Mos. 119 c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Married 14425- 189 61 clearly 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)

Restaupant WHAT COUNTRY INDUSTRY information 13. FATHER'S NAME death Slegten horsT Fredericka A. Middledorp 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or nnknown) | (If yes, give war or dates of service) of .16. SOCIAL ADDRESS SECURITY NO. WIFE unknowN Same INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING UNFADING Physicians: pl RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY INOPERABLL CARCINOMA important. EDICAL -17- Siz 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 12-13 , 1952 to 120 20 , 195, 2that I last saw the PLEASE WRITE correct age is esp deceased alive on 12 - 20 , 19 5 Fand that death occurred at 6:00 A m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED nemera 24A. BURIAL, CHEMA-DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150

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PLEASE WRITE I. Y. WITH correct age is especially important.

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11==	RTH NO.	OE/N	111 10/111	- OI DEATH			
(T	NAME OF DECEASED  ype or Print) MARGUERI	TE R	KERIN			19,1952	
3. A.	Baltimore City, Maryland			A. USUAL RESIDENCE	AND B. COUNTY	before admission	
H	OSPITAL OR	al or institution, give	street address or location)	c, CITY OR TOWN	If outside corporate limit	ORE CITY	
	NION MEMORIAL	HOSPITE	1 L	BALTIMO	RE 2	7-13 township	
4	Length of stay in Baltimore		Yrs. Mos. Days	ROCHES	Arms a command to	)	
	SEX 6. COLOR OR RACE	7. SINGLE, MARR WIDOWED, DIV	IED. I	B. DATE OF BIRTH	9. AGE (In years)	i Under 1 Year   If Under 24 Hours onths: Days   Hours: Min.	
	F ~			JUN 22, 190	48		
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) HOUSE WIFE	10B. KIND OF BUS	INDUSTRY	PENNSYLV		12. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S NAME		1	14. MOTHER'S MAIDEN	NAME		
15	RIELLY ULBI			KATIE	NENTLING	· /	
(Ye	. WAS DECEASED EVER IN U. S. ARMED (If yee, give war or deter		CURITY NO.	MRS. ELSIE	BRYAN 4809	KENWOOD	
	18. 416×		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OF CONDITION DIRECTLY						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
7	ANTECEDENT CAUSES (B) AUTICULAY FIbrillation						
RTIFICATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUI ST.	Е ТО			Unknown	
FIC			Rheur	matic Heart	Disease	35 Trs	
ZTI	OTHER SIGNIFICANT CONDI			• • • • • • • • • • • • • • • • • • •			
CEF	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT					
AL	19a. DATE OF OPERATION	98. MAJOR FINDIN	IGS OF OPER	ATION		YES NO	
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF I about home, farm, factory	NJURY (e. g., in y, street, office bldg., e	to or 21c, WHERE DID to.) INJURY OCCUR?	(If in Baltimore City, s	give exact location)	
2	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJ	URY OCCURRE	ED 21F. HOW DID INJUI	RY OCCUR?		
		m. WHILE AT WORK	NOT WHILE				
	22. I hereby certify that I att	ended the decease	ed from De	18 , 1952, to 1	ec. 19, 195	that I last saw the	
	deceased alive on Dec. 14	, 19.52, and tha	t death occur	red at 5 m., from	the causes and on th	he date stated above	
	E. Elle Jrun	nell on		SB. ADDRESS	RIAL HOSP.	bec. 19, 195	
24 TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	2-2151 24c. MAT	ME OF CEMETER	RY OR CREMATORY 24D.	Levelle M		
	ATE RECEIVED BY REGISTRAR'S	SIGNATURE		25. EUNERAL DIRECTOR		ADDRESS	

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Huntington

before admission)

WHAT COUNTRY

18 DAYS

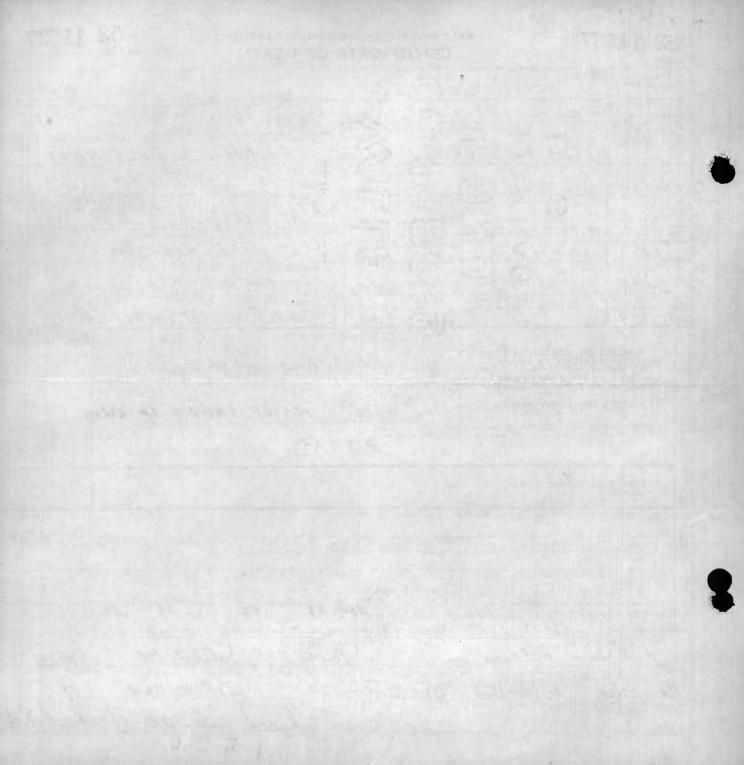
20, AUTOPSY

23c. DATE SIGNED

township)

STUDIES OF STREET

52 11537 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 9. KIRCHNER (Type or Print) LEO supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland MERCY HOSPITA 2 B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ERCY HOSP. BALTO.2 Md. FRANCINVILLE BALTIMORE township; D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore Days on should be 5. SEX 7. SINGLE, MARRIED. 6. COLOR OR RACE Il Under T Year 9. AGE (in years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) MARRIED IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) F/OONBUSTRY information s EMPLOYEE - H. KONN BALTIMORE, HARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KIRCHNER PAULINE MARY SCHAEFER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO EMMA M. KIRCHNER (NIFE UNKNOWN 6-01-8178 INTERVAL BETWEEN 12011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CORDNARY INFARCTION LEADING TO DEATH 21 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPERTENSIVE CARDIO-VASCUAD ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DISEASE UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Nov. 28, 1957 to DEC 19, 1957 that I last saw the PLEASE WRITE deceased alive on DEC. 19 , 1952, and that death occurred at 10: Am., from the causes and on the date stated above, 23A. SIGNATURE Nues pia BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Rad5 haw REGISTRARYS SIGNATURE LOCAL REGISTRAR EC 0 1 1000 VS 150



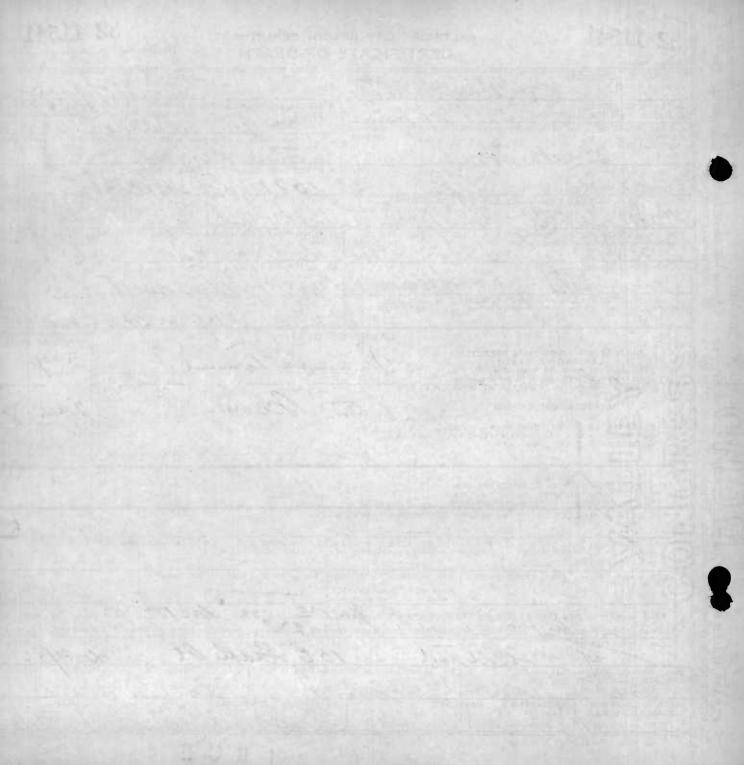
Dr. Janney
7101 Harford Road
1-2

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) George ully supplied. Marchei DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland before admission) A STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAnd HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Unjucrsity HOSP, TAL BALTIMOVE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2906 WhiTe c. Length of stay in Baltimore AVC. information should be of death clearly and 9. AGE (In years) If Under I Year 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. male WhITE Der. 28-1903 married 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? IREASURE 13. FATHER'S NAME INJUCAMES KenA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 5-07-8666 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, longesture He art Failure injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 12 - 19 - 52, 19 to 12 - 29, 19 3 that I last saw the PLEASE WRITE correct age is esp deceased alive on 12-19 ., 1952, and that death occurred at 4:45 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURMAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) aris oreland DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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52 11541 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution, residence A. Baltimore City, Maryland /3 A. STATE BCDUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION / Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore should be 6. COLOR OR RACE MARRIED 8. DATE 7. SING AGE (In years | If Under | Year | If Under 24 Hours | Mantha Hours | Min. W.D. DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF work done during most of working life, even if retired) INDUSTR TOUNTR information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or maknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from fin 120 1927 to Olec 190 , 1922 that I last saw the deccased alive on Sec. 1952, and that death occurred at 2 30 PLEASE WRITE correct age is est m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Xer For 244 BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B-DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR unlington



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## BALTIMORE CITY HEALTH DEPARTMENT

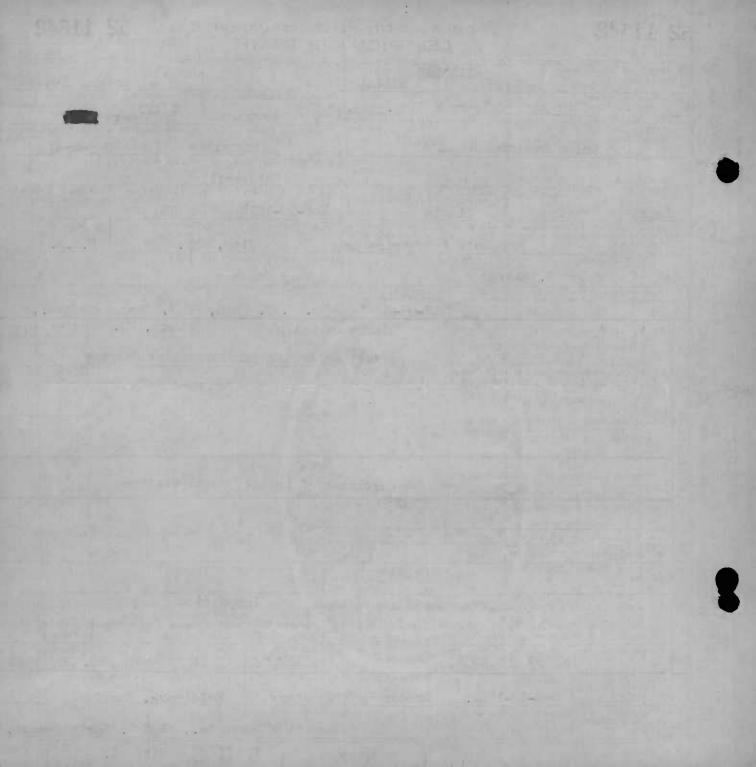
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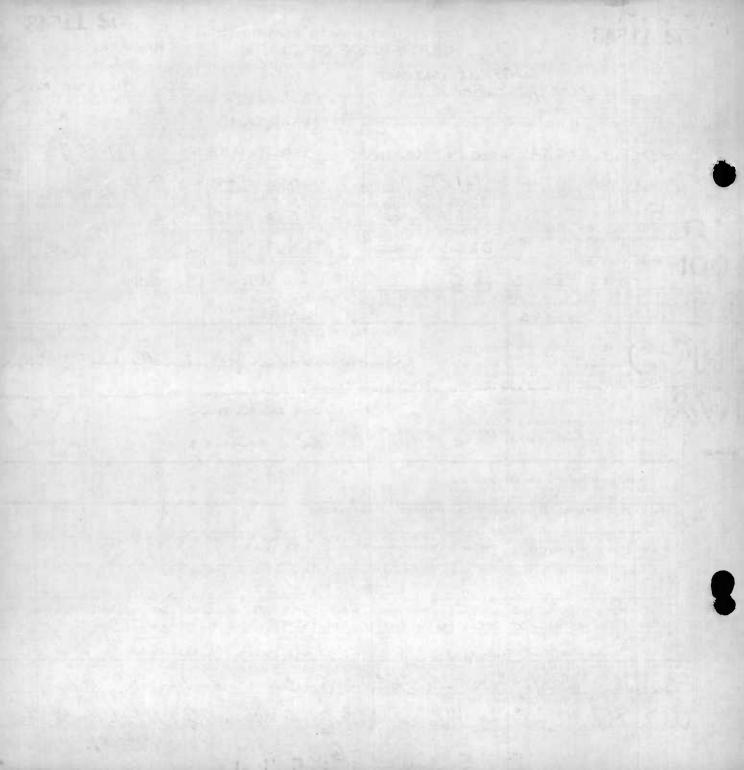
0)	BIRTH NO.		CERTIFICATI	E OF DEATH	Registered I	No
. Tue	1. NAME OF DECEASED (Type or Print)	MARY	LIRON MAGRAW			mber 19, 195
nppura	B. PLACE OF DEATH:  A. Baltimore City, Maryland Calvert & 33rd. Sts.  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  Union Memorial Hospital		4. USUAL RESIDENCE (A. STATE Maryland	Baltimor	before admissio	
II S			Lutherville (abt 70 years)			
arefu gibly.	Yrs. Mos. c. Length of stay in Baltimore  O Days			D. STREET ADDRESS (I		
nd leg	5. SEX 6. COLOR OR Female White	RACE 7. SINGL WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH NOV-20-1874	9. AGE (In years)	if Under 1 Year   If Under 24 Hours   Mi
should	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS O		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Kansas City,		12. CITIZEN OF WHAT COUNTR
ath clo	13. FATHER'S NAME Robert H.			14. MOTHER'S MAIDEN I		
of de	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If yee, give war or dates of service) No None 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If yee, give war or dates of service) 217-03-3822		17. INFORMANT Mr. N. S. Pugh		DDRESS Deak Ave	
UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.	Z DISEASE OR COND LEADING T (This does not mean the heart failure, asthenia, et injury or complication  ANTECEDEN:  DISEASES OR CONDIT RISE TO THE ABOVE CAL UNDERLYING CONDIT UNDERLYING CONDIT THE DISTANT TRIBUTING TO THE DEAT TRIBUTING TO THE DEAT	O DEATH  mode of dying, e. c. It means the disea which caused deat  T CAUSES  IONS, IF ANY, GIVI USE (A) STATING TION LAST.  CONDITIONS CO	g., (A) Arterio	ma of breast, po		ase
Phys	U 19A. DATE OF OPERATION	NDITION CAUSING	R FINDINGS OF OPER			20. AUTOPSY?
important.	21A. EXTERNAL CAUSE V UNDERLYING   OR COL UTING   CAUSE OF I	VTRIB- about home,	ACE OF INJURY (e. g., i		(If in Baltimore City,	
liveY ly imp	Z 21D. TIME (Momth) (Day OF INJURY	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
PLEASE WRITE PLAIN correct age is especially	the evidence obtain and death in my o	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Antopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \supseteq \), undetermined \( \subseteq \).				
E WE	23A. SIGNATURE	for ish	M 24C. NAME OF CEMETE	23B. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGA	EXAMINER	Dec. 20, 1952 or county) (State
EAS	Burial Dec	-22-1952.	Loudon Park	Cemetery B	altimore, Mar	yland
P. 00	DATE RECEIVED BY REGILIANCE PROPERTY OF THE PR	STRAR'S SIGNATI	9	25. FUNERAL DIRECTOR Stewart & Mowen		North Avenue
	V S 151	1	· - 0 0	3 1 1 1 17	City #1	

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City #1.





Registered No. 11544 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE l legibly. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY-OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days ld be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH Tast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) information should of death clearly ar 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) WHAT COUNTRY U G 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MUZUA causes lunylu INTERVAL BETWEEN y item the cau 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH wary Every write th (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK . 1950 to\_ Nec. 20 noo. , 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE correct age is esp 195 and that death occurred at 3/54, m., from the causes and on the date stated above. deceased alive on\_ 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY (State) edu ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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ADDRESS

		TE OF DEATH Registered No.		
	NAME OF DECEASED WILLIAM E. KEN		er 19, 19	
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived. If insti-	before admiss	
HC	OSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and town  North Linthicum  D. STREET ADDRESS (If rural, give location)  78 Old Annapolis Road		
-	South Baltimore General Hospit			
	Length of stay in Baltimore 45 years Mo			
	SEX . 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec	May 19, 1905 47	1	
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUST Production Superviser Md. Dry Dock	RY	CITIZEN OF WHAT COUNT	
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
15	William N. Kennedy 5. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDR	ESS	
Yes	e, no or unknown) (If yes, give war or dates of service) SECURITY NO	Emily A. Kennedy, 78 Old Anna	polis Roa	
CATION	ANTECEDENT CAUSES	nshot wound of the head		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ate alcoholism		
C	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OF		20. AUTOPS	
EDICA	UNDERLYING A OR CONTRIB. Home 78 Old Annapolis Road			
216. TIME (Month) (Day) (Year) (Hour)   216. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  OF INJURY Dec. 19, 1952 3:00 P. WHILE AT NOT WHILE X Shot himself in the head				
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry			
	the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the d and death in my opinion resulted from: natural causes □, accident □, suicide ☒, homicide □, unde			
	23A. SIGNATURE RAPERSON	M.D. MEDICAL INVESTIGATOR Dec		
24 Tl(		TERY OR CREMATORY 24D. LOCATION (CHy, town, or c	ounty) (St	

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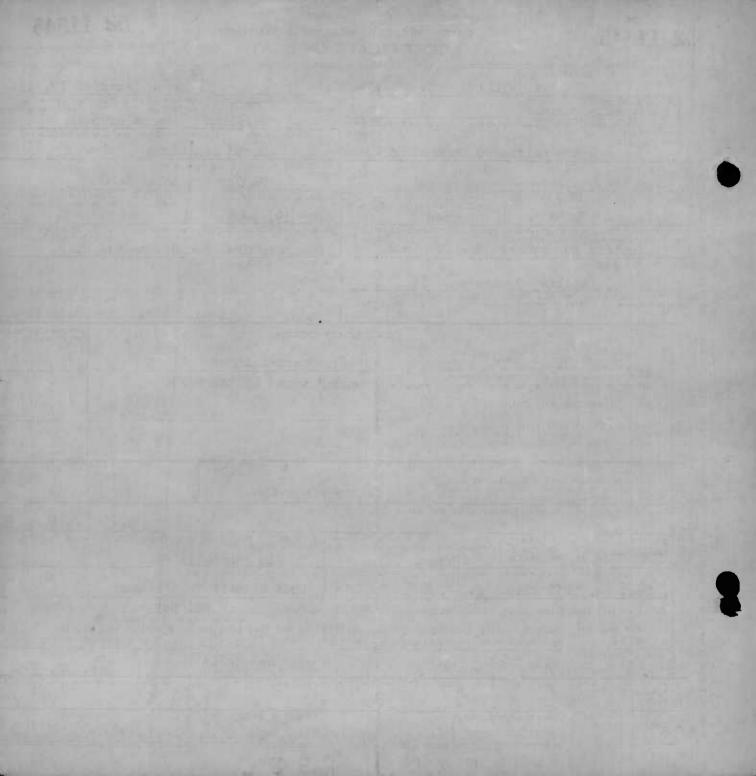
25. FUNERAL DIRECTOR

PLEASE WRITE correct

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DATE RECEIVED BY LOCAL REGISTRAR

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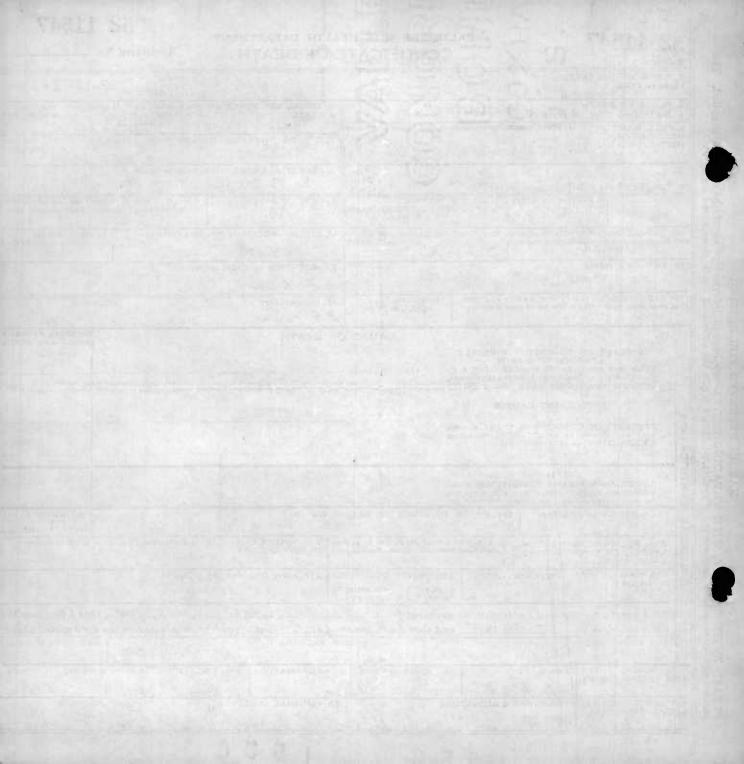


2 11546 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. ULLIGAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) NIVERSITY HOSPITA Yrs. D. STREET ADDRESS (If rural, give location) Mos. Stat c. Length of stay in Baltimore FRIMIN Days 10500000 should be learly and l 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years H Under 1 Year last birthday | Months Days Hours Min. WIDOWED, DIVORCED (Specify) 25 INGLE clearly 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information NMATE death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. of INTERVAL BETWEEN CAUSE OF DEATH 49 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY important. YES X NO 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-莅 INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK her 1952 that I last saw the 22. I hereby certify that, I attended the deceased from 19 1952, to\_ esp deceased alive on 19 Alic. 1952 and that death occurred at 243? m., from the causes and on the date stated above 23A. SIGNATURE 23c. DATE SIGNED ADDRESS RI 24A. BURIAL, CREMA-24B. DATE/2 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or eounty) (State) TION, REMOVAL (Specify, 25, FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

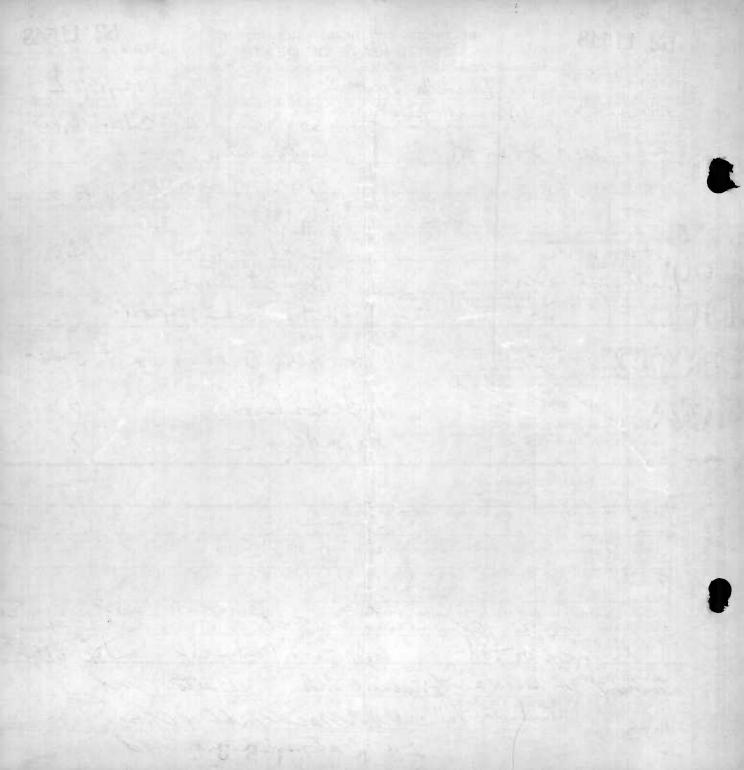
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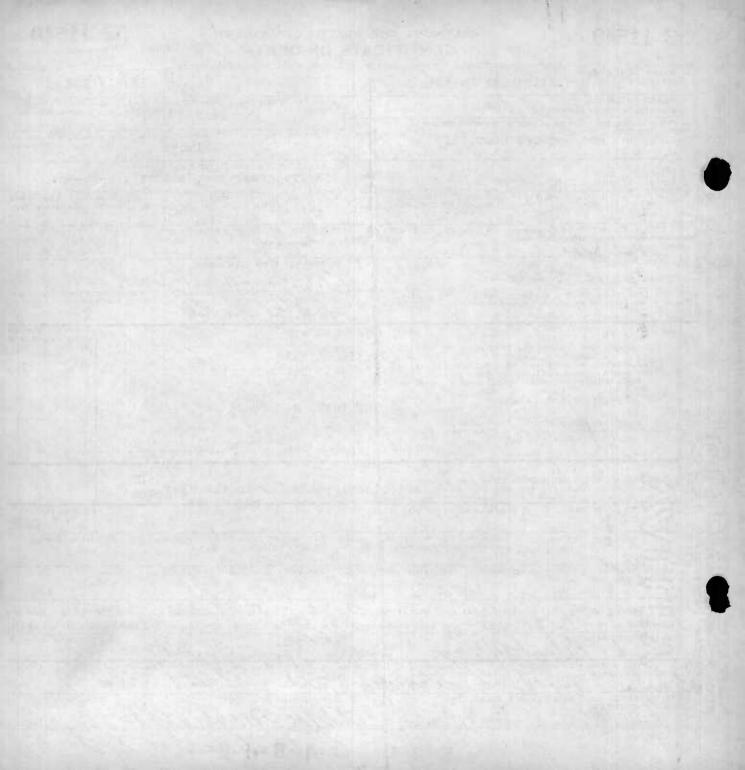
C	-635		X		
	52 11548	BALTIMORE CITY HEALTH DEPARTMEN	with the state of		
The	BIRTH NO.	CERTIFICATE OF DEATH	Registered No.		
	1. NAME OF DECEASED (Type or Print)	auretta Fordon	2. DATE OF DEATH 12/18/12		
supplied.	a. Baltimore City, Maryland	aus Horpital A. STATE	(Where deceased lived. It institution a residence B. COUNTY ( before admission)		
	B. FULL NAME OF (If not in hospital or i HOSPITAL OR INSTITUTION	institution, give street address or location)  C. CITY OR TOWN	(If outside corporate limits, write RURAL and give		
ully.	Total the + Johns	51 - Catorisul	Le her - township)		
	c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS	(If rural, give location)		
and be	5. SEX   6. COLOR OR RACE   7. S	SINGLE, MARRIED, SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	9. AGE (in years   Munder   Year   Munder 24 Hours   Months: Days   Hours   Min.		
on should clearly an	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	or foreign country)   12. CITIZEN OF WHAT COUNTRY?		
matic eath	13. FATHER'S NAME DEVEN	14. MOTHER'S MAIDEN	NAME		
f infor	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL TO INFORMANT SECURITY NO.	topital ADDRESS		
em of i	18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
Every item write the cau	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dying)	Olesson 5 mi -			
Ever write	heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
INK. please w	ANTECEDENT CAUSES	7			
	O DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	7			
WARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITION	10			
UNF. Physi	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE	RELATED			
H	19A. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
LY, WITH important.		IB. PLACE OF INJURY (e. g., in or lathome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)		
ILY	210. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURRED 21F. HOW DID INJU	URY OCCUR?		
rating		m. WHILE AT NOT WHILE AT WORK	A) 0 1 C		
TE 1	deceased alive on 195, that I attended the deceased from 195, that I last saw the deceased alive on the date stated above.				
RI	23A. SIGNATURE	M- 23B. ADDRESS	8- 23c. DATE SIGNED 12/18/52		
SE W	24A. BURIAL, CREMA- 24B. DATE JION, DEMOVAL (Specify)  12/22/5	24C. NAME OF CEMETERY OR CREMATORY 246	Co. LOCATION (City, town, or county) (State)		
PLEA	DATE RECEIVED BY REGISTRAR'S SIG		DR ADDRESS		
P	LOCAL REGISTRAR Huntington	~ Williams, Est Muc Mer	it + chon		
×	VS 150	Latonsville	Ro Md		

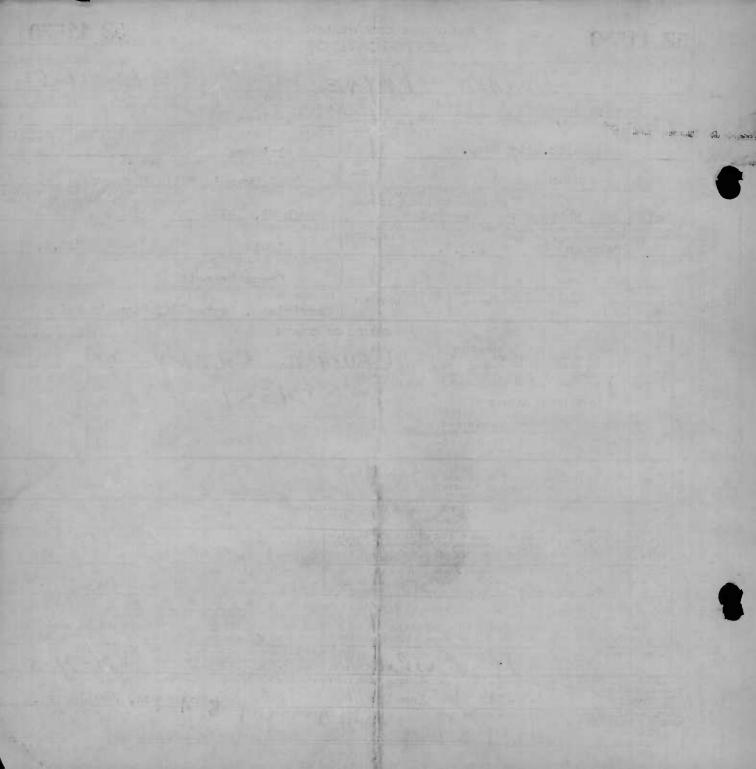


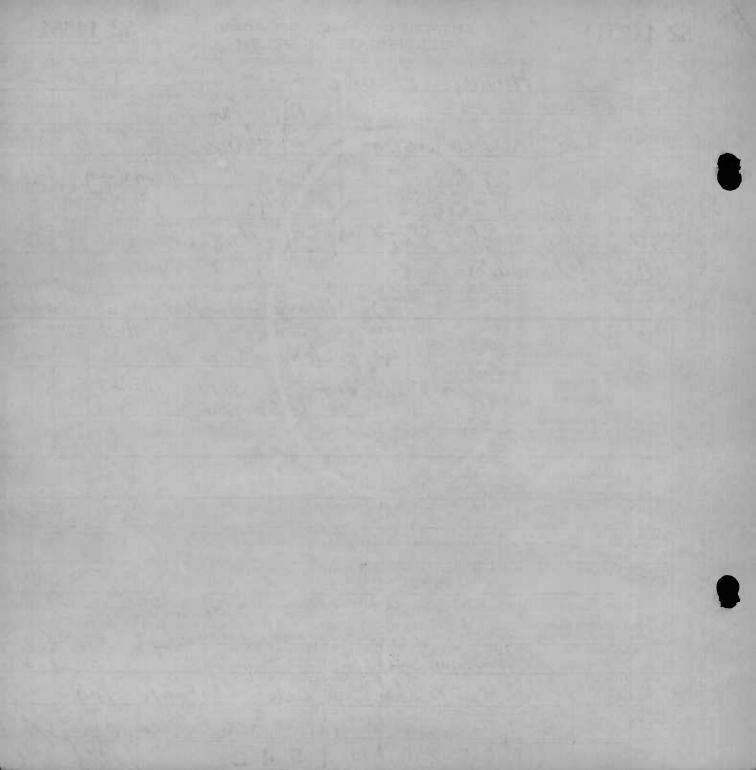
1 1 .	52 11549 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.				
(7	Type or Print) Mrs.Elizabeth Postelman	DEATH	1/1952		
A	PLACE OF DEATH: Baltimore City, Maryland Yes	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY before admission of the composition of the country before admission of the country before admi			
Н	FULL NAME OF (If not in hospital or institution, give street address or ospital or Bon Secours Hospital				
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 18 Wyndcrest Ave, Catonsville	e-28-Md.		
5	SEX Female 6.COLOR DR RACE 7. SINGLE, MARRIED, WHOOVED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 1 12/25/1890 Derividay) Mor	Under I Year If Under 24 Hounths Days Hours Min		
wor	A. USUAL OCCUPATION (Give kind of the dependency	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTR		
	LUDWIG GOBEL	14. MOTHER'S MAIDEN NAME KATHERINA FUNK			
(Ye	was deceased ever in U. S. ARMED FORCES?  a, no or unknown) (If yes, give war or dates of service) SECURITY NO.		DDRESS		
Z	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Carc  DISEASES OR CONDITIONS, IF ANY, GIVING	nomatosis inoma of Breast	ONSET AND DEAT		
CATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)				
CERTIFICATIO	UNDERLYING CONDITION LAST. (C)	lerotic Cardio vascu <del>las</del> ease			
L CERTIFICA	UNDERLYING CONDITION LAST.  (C)	lerotic Cardio vascu <del>lar</del> ease	20. AUTOPSY?		
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	lerotic Cardio vascuersease  ATION  or   21c. WHERE DID (If in Baltimore City, g.	YES ND		
DICAL CERTIFICA	UNDERLYING CONDITION LAST.  (C)	lerotic Cardio vascuersease  ATION  or 21c. WHERE DID (If in Baltimore City, g: INJURY OCCUR?	YES ND		
DICAL CERTIFICA	UNDERLYING CONDITION LAST.  (C)	lerotic Cardio vascuarease  ATION  a or 21c. WHERE DID (If in Baltimore City, grade.) INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?	YES NO live exact location)  that I last saw t		

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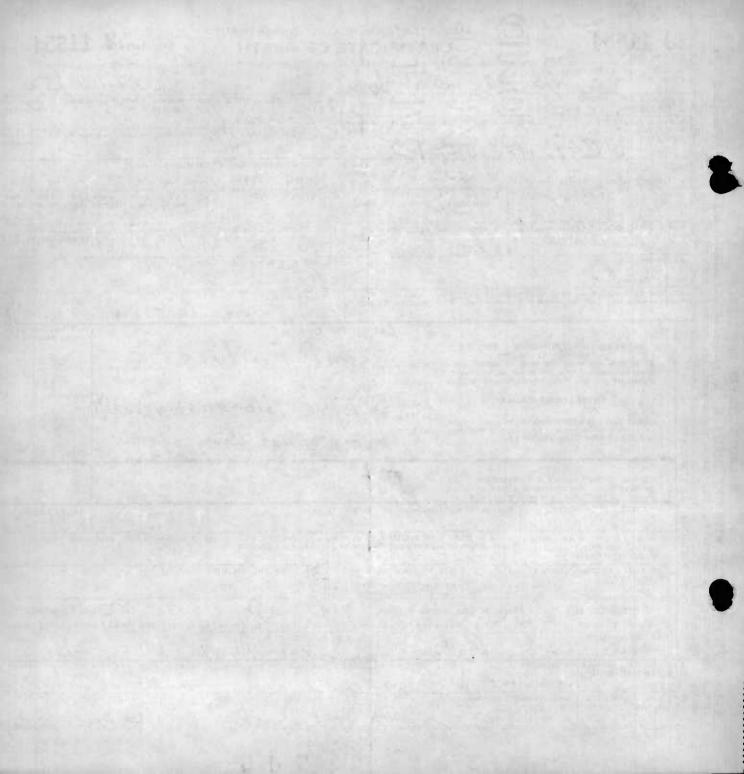


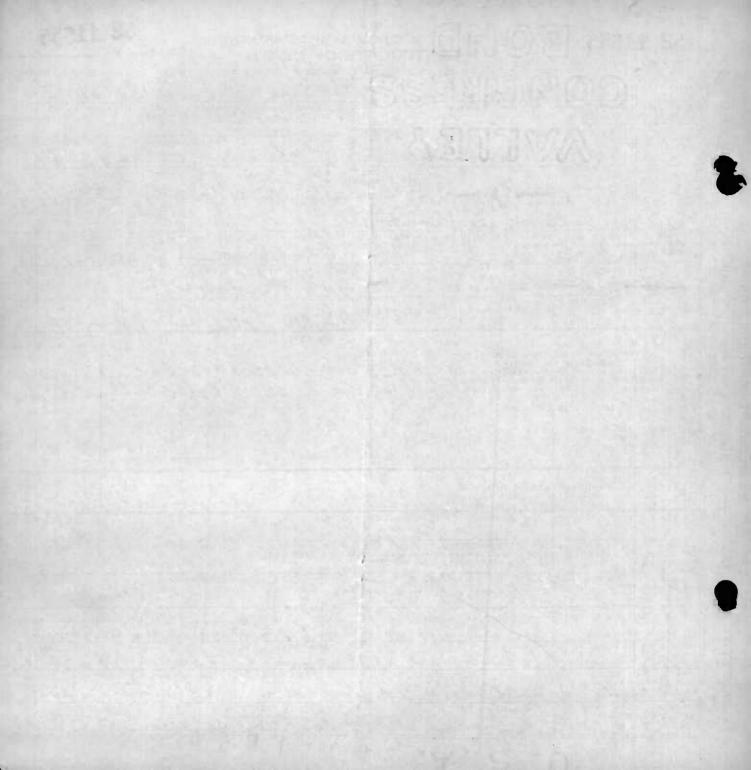


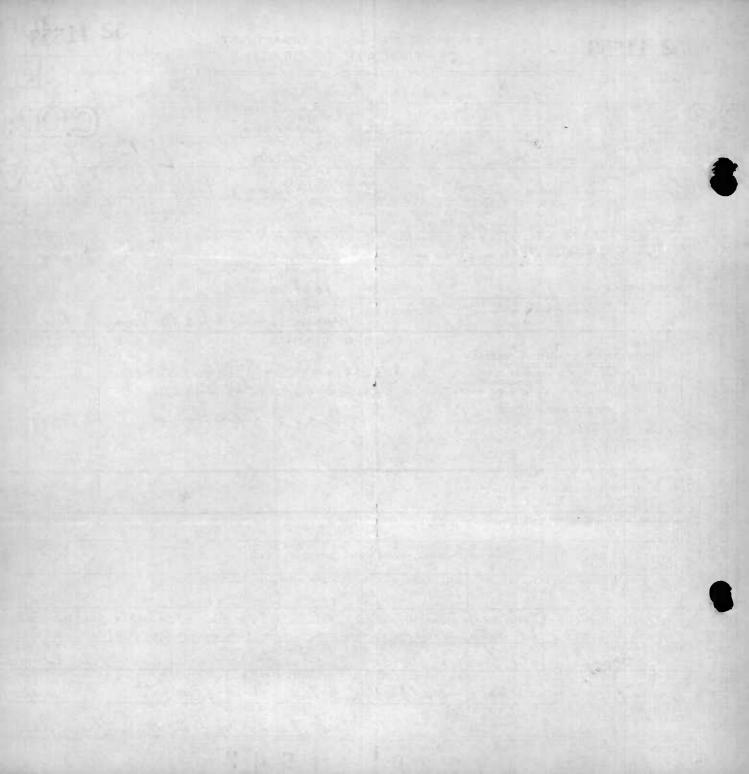
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e		2 11554 BALTIMORE CITY HE CERTIFICATE	53 14664
d. The	1. NAME OF DECEASED OSCAR GORDON		2. DATE OF DEATH /2/20/52
pplie	A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived.) If institution: residence  a. STATE  B. COUNTY  before admission)
ully supplied.	HC	FULL NAME OF (If not in hospital or institution, give street address or opening of the control o	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
egioly	4	Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (Krural, give location)
ld bland	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year last hirthday) Months Days Hours Min.
on should clearly a	10 work	A. USUAL OCCUPATION (Givehind of 109) KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
atic		FATHER'S NAME Supplies (A)	14. MOTHER'S MAIDEN NAME
BINDING of inform uses of dea	15 (Yes	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 8, no or unknown) (If yes, give war or dates of service) SECURITY NO.	appress anna, Forelow 1605 1. Smallewood &
RESERVED FOR INK. Every item please write the car	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	MIC Gloreno GNeghnilis  Atomoro Cardio Vascular
MARGIN UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H		19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20, AUTOPSY7
		21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	a or 21C. WHERE DID (If in Baltimore City, give exact location) tc.) INJURY OCCUR?
NLY,	Σ	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRI OF INJURY WHILE AT WORK AT WORK	
TE especia		22. I hereby certify that I attended the deceased from 12	red at 1. Spn., from the causes and on the date stated above.
WRI re is		23A. BIGNATURE, Carbon S. Parle M. D. 2	SINAI HOSPITA/ 12/2/
PLEASE correct ag	TIC	4A. BURIAL, CREMA- 2A, REMOVAL (Specify) 12-22-1952 Quality	le Beelto mej.
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE HUSLING MY	Jack Leus In - 2100 Euten Place
		vs 150 150 0 490	4U5 15



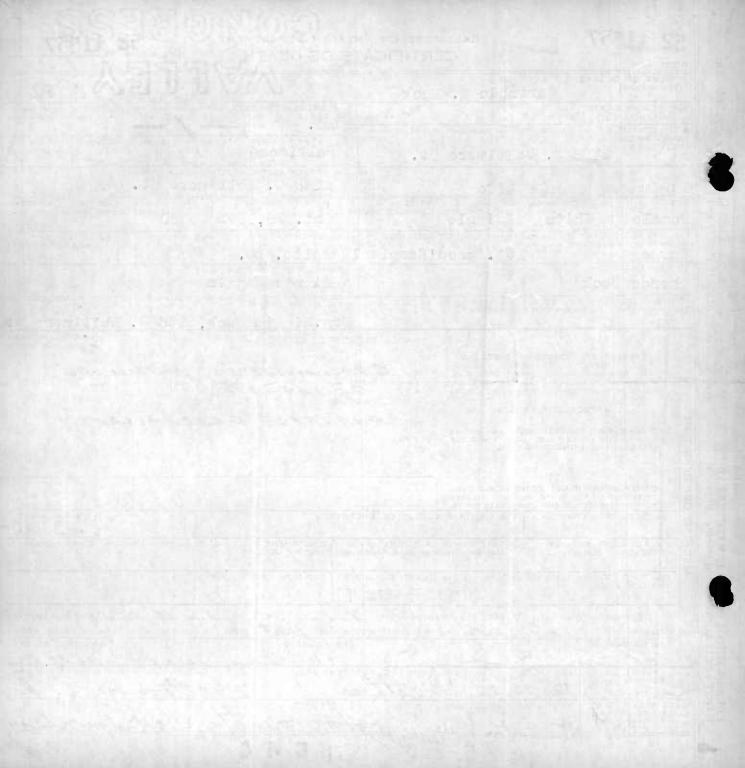




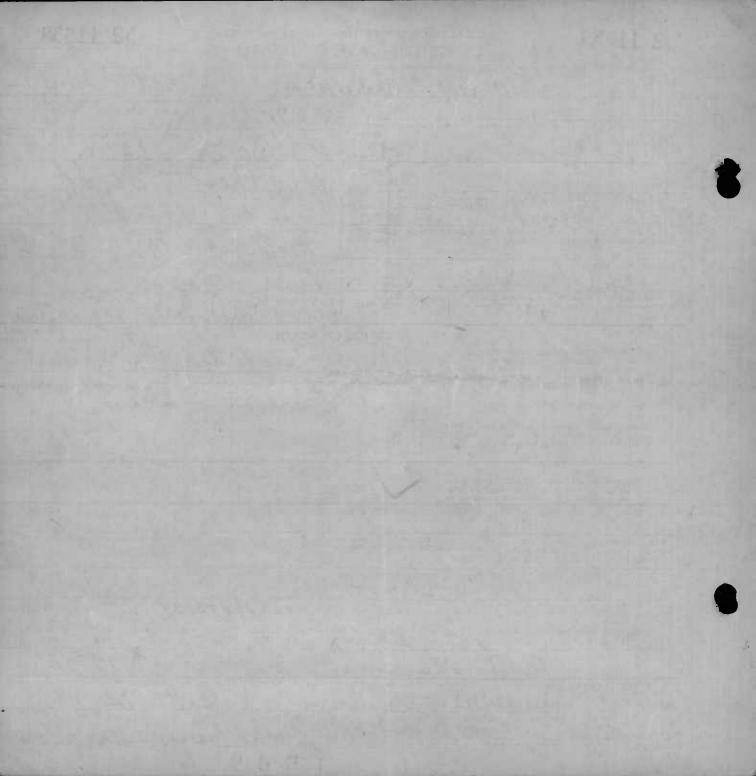
Registered No. 11557 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Gertrude N. Beck OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Baltimore D. STREET ADDRESS (If rural, give location Yrs. 2128 W. Baltimore St. c. Length of stay in Baltimore Life Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months Days Hours Min. If Under 1 Year Single Specify Oct. 29,1892 Female information should 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? t. Agnes 'Hospital Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Beck Minnie Dennis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes Mrs.Minnie Beck. 2128 W. Baltimore St 18. 199. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, GENERALIZED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES AND SPREA GENERALZED DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? mportant. NO 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK AT WORK , 1957, to 2/19, 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_\_\_ WRITE deceased alive on 12/19, 1962, and that death occurred at Fish M., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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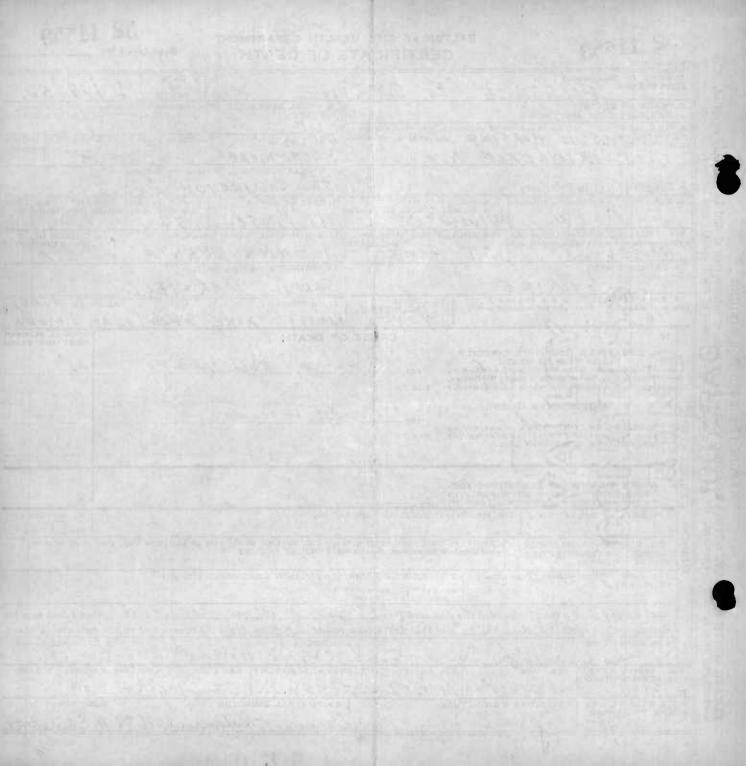
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C	52 11558  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Rep	52,11558
The	BIRTH NO. 2 & & (1) 3 & (2) DATE	(V) 7 (m)
	(Type or Print)  ALVIN  OF DEAT  3. PLACE OF DEATH:  (Where decean	sed lived, If institution ; residence
supplied.	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	OUNTY before admission)
>	HOSPITAL OR INSTITUTION  C. CITY OR TOWN - (If outside cor	porate limits, write RURAL and give township)
refall ibly.	Yrs. D. STREET ADDRESS (If rural, give	location)
IDING information should be careful to feath clearly and legibly.	c. Length of stay in Baltimore  Days  One of Race   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE (last bind)	In years   H Under 1 Year   H Under 24 Hours   Hours   Min.
ould ly an	1104 USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign coun	
n she	work tione during most of working life, averify retired)  13. FATHER'S MAME  14. MOTHER'S MAIDEN NAME	nd WHAT COUNTRY
r natio	13. FATHER'S MAINE 14. MOTHER'S MAIDEN HAME	1
BINDING of inform 18cs of dec	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS +
of uscs	18. 525 X . CAUSE OF DEATH .	INTERVAL BETWEE
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13-	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	·
24	ANTECEDENT CAUSES  (B)	eles
	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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PLAT: ecially	22. I certify that I took charge of the remains described above, held an Autopsy	thereon and from
		licd on the day stated above icidc □, undetermined □.
E WR]	23a. SIGNATURE REPORT ASSISTANT MEDICAL EXAMINED M.D. MEDICAL INVESTIGATOR	R
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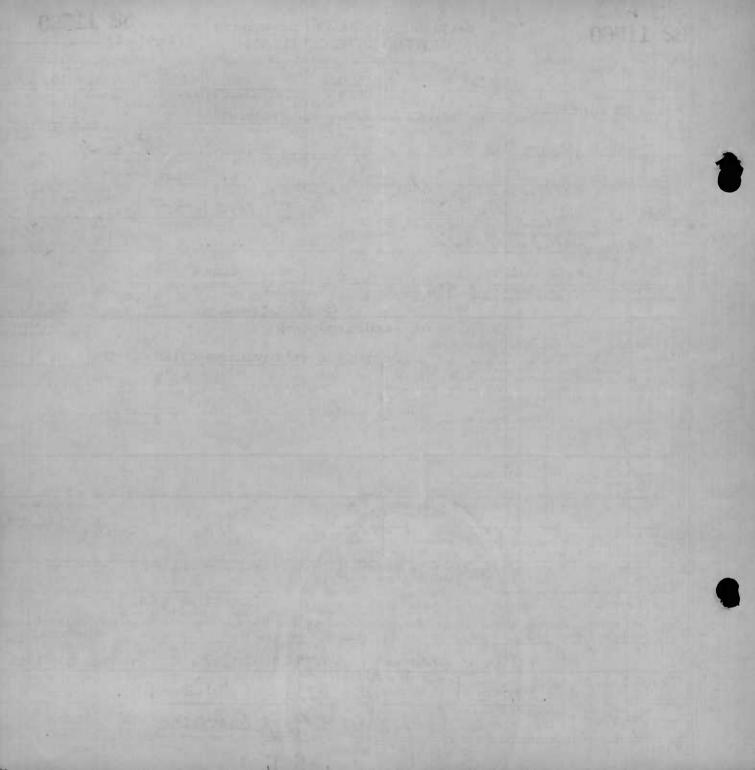
52 11559 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) STRINE ORENCE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR LEWIS NOASING HOME C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4203 LTI MORE legibly D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore COLLINGTON 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. WIDOWED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s HOUSEWIFE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) SECURITY NO. NO 18. DISEASE OR CONDITION DIRECTLY elsal Herrork epertansion LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION A 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK , that I last saw the 22. I hereby certify that I attended the deceased from. PLEASE WRITE deceased alive on ale (V. 191 V. and that death oggerred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



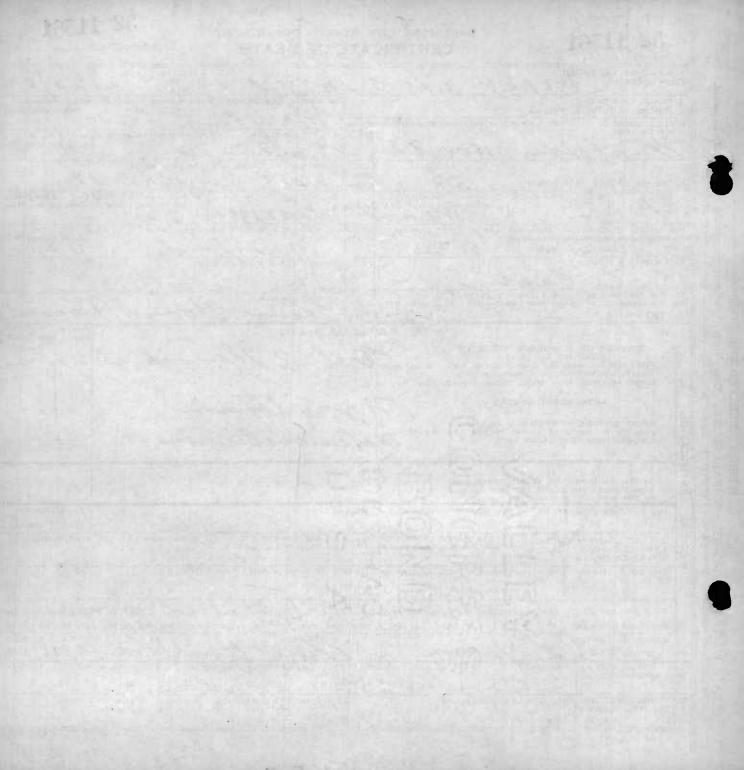
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	ype or Print)		WILLIAM	M.	KALLI		DE	of Dece	mber 19, 19
	PLACE OF DE Baltimore C	ity, Maryland				A. STATE		eceased lived, If B. COUNTY	institution : resident before admis
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)			c, CITY OR TOWN	land (If outside	corporate limi	ts, write RURAL an		
IN	ISTITUTION	Baltimore	City Mor	gue			imore	19-0	) 3 town
	T t ] C t	i D.1.:	Li	fe	Yrs. Mos.	D. STREET ADDRE	SS (If rural, g		+
		ay in Baltimore 6.COLOR OR RAC White	E 7. SINGLE	E. MARRIED VED, DIVORO	Days ), CED (Specify)	8. DATE OF BIRTH	1 19.AC	GE (In years)	M Under 1 Year H Under onths Days Hours
worl	attime		ed)		IESS OR INDUSTRY	Baltimore 14. MOTHER'S MA	, Md.	eountry)	12. CITIZEN OF WHAT COUN
13	3. FATHER'S N	Lewis Kal	ling			Isabelle			
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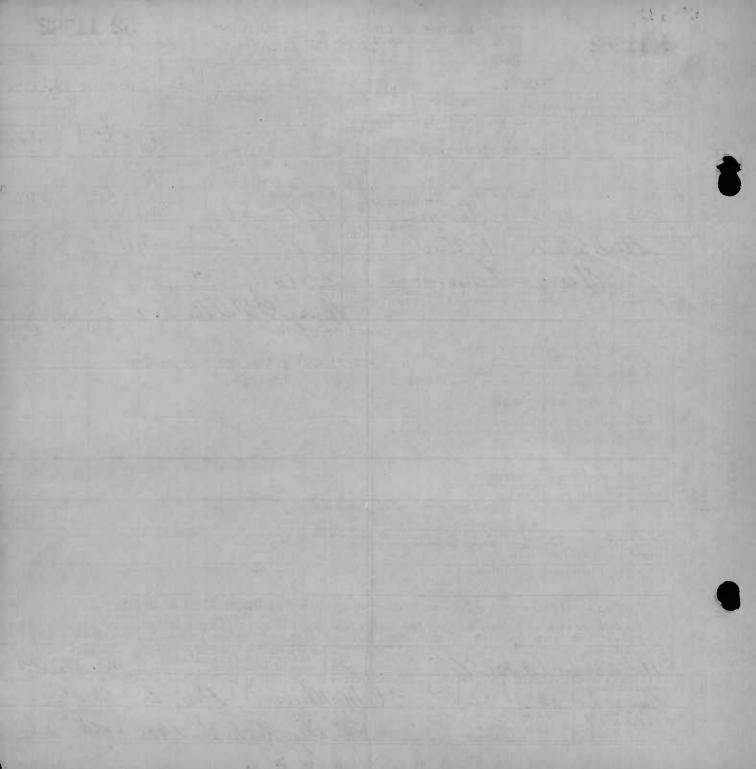
4510 Liberty Heights Ave.



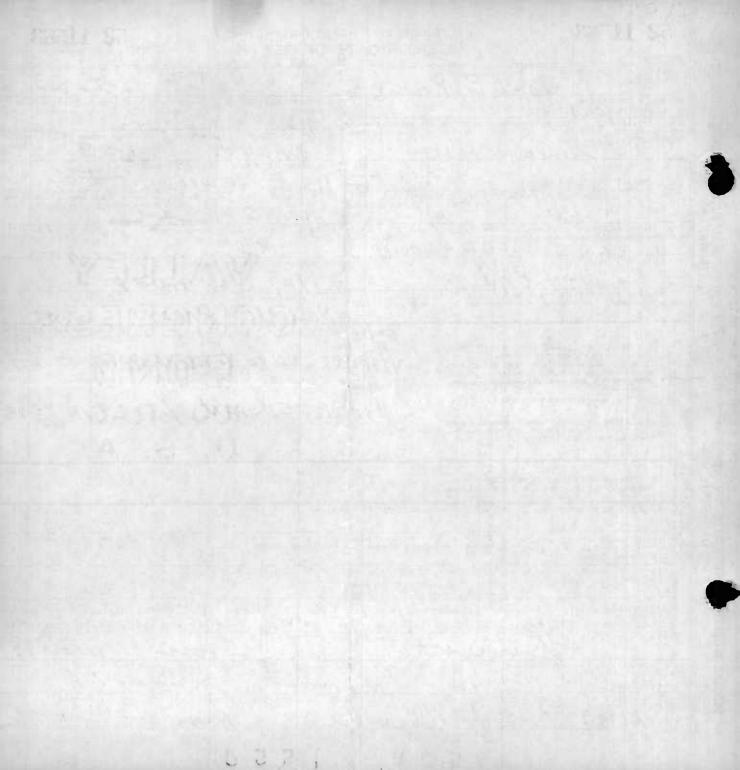
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		TE OF DEATH	52 11561 Registered No.
The	BIRTH NO.	TE OF BEATH	
	1. NAME OF DECEASED LACK, MRS. E	VALYN	2. DATE OF 12/20/52
ully supplied.	A. Baltimore City, Maryland	A STATE	re deceased lived. If institution; residence before admission)
ıs /	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio		tside corporate limits, write RURAL and give
20	Institution / fore & / topital	Bultond	2 9-08 township)
legilo	c. Length of stay in Baltimore	2216 00-	suit It.
ld b	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specific	(y) 8. DATE OF BIRTH	AGE (in years   H Under 1 Year   H Under 24 Hours   Min.
should	10A. USUAL OCCUPATION (Give kind of Month of Mon	11. BIRTHPLACE (State or forei	gn country)   12. CITIZEN OF
on	Trousewife AT HOME	maryla	WHAT COUNTRY?
Information should be death clearly	13. FATHER'S NAME	14. MOTHER'S MATDEN NAM	E
for f de	15 WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	A ADDRESS
BINDING of inform uses of dec	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 216-18-478	1 Chunex 14	one & Hospilel
7 5	18. 331 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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іаш	m. WHILE AT NOT WHI	K L.J	1
TE respecia	deccased alive on 12/2019 12. and that death occ	2/19/, 195, to /2	1957, that I last saw the
S es	23A. SIGNATURE	23B. ADDRESS //	23c. DATE SIGNED
W Se i	Hand L. Slause M. D.	Thurs Itom	el/10x. 12/21/52
PLEASE WRITE	TION, REMOVAL (Specify)		ATION (City, town, or county) /(State)
EA	burial   12/23/52   Wesley C.  DATE RECEIVED BY   REGISTRAR'S SIGNATURE		Hall, Md.
PI	LOCAL REGISTRAR Huntington Williams, M.Z.	BALTO.13, MD.	SONS, INC. ADDRESS
	VS 150 1302	/	11/
	Para de la	/30	Je / Handle



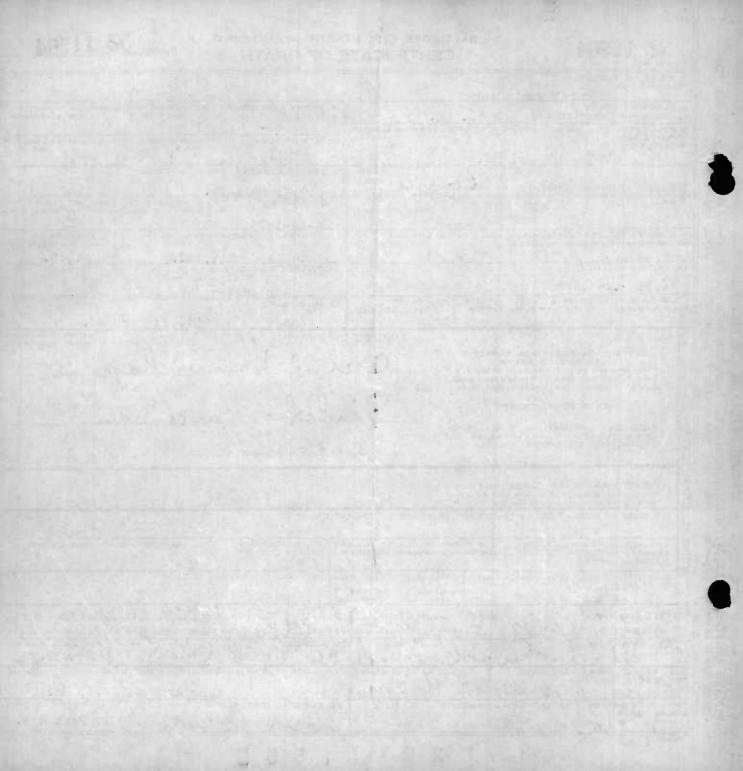
52 11562 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Lemmer OF GEORGE LAMMER DEATH December supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Johns Hopkins Hospital Baltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Chanel Days 6. COLOR DR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Give kind of BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10B. KIND 12. CITIZEN OF clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Tuck (allo information s 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 11 BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS SECURITY NO INTERVAL 22,1 DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. RESERVED BUTENER Disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST ADING UNFADING Physicians: MARGIN ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION YES important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, etreet, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT especially WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). S 23B, CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. PLEASE 4C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BURIAL, CREMA-24B, DATE correct TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL TREGISTRAR V S 151



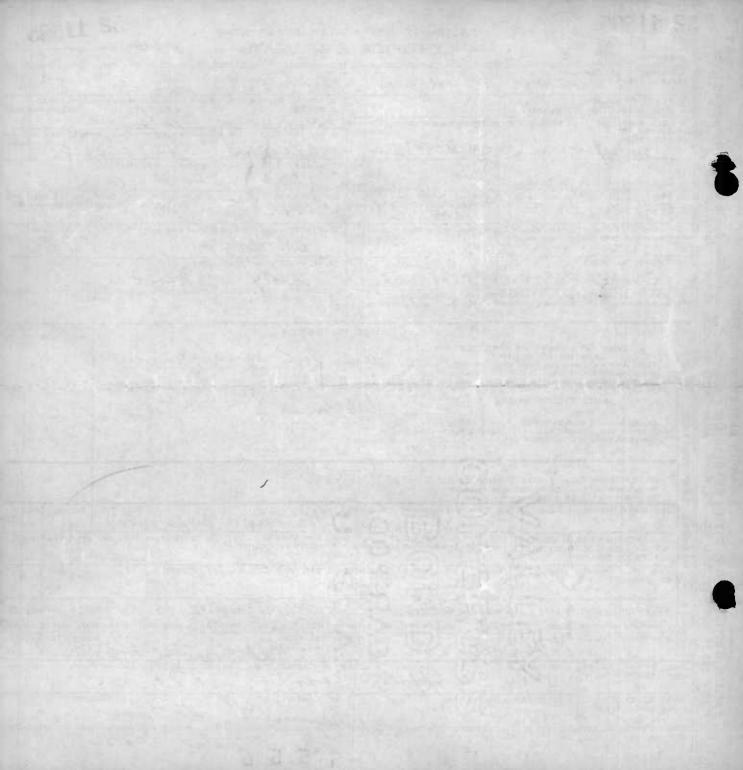
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE OHNE. (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CI (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore DEEWOOD Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, aven if retired) INDUSTRY WHAT COUNTRY information 13. FATHER'S NAME 11.5 death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknown) (If yes, give war or dates of service) of 16. SOCIAL ADDRESS (Yes, no or uoknown) SECURITY NO. causes of 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY WEEKS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPERTENSION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! , 1952 to 12-22, 1952 that I last saw the 22. I hereby certify that I attended the deceased from 12-16 RITE . 195 > and that death occurred at 1:30 Am., from the causes and on the date stated above deceased alive on 12-22 23A. SIGNATURE 23c. DATE SIGNED S 2-22-24A. BURIAL, CREMA-TION. POMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY DATE LOCATION (City, town, or county) (State) DATE RECEIVED BY SIGNATURE UNERAL DIRECTOR ADDRESS alow VS 150

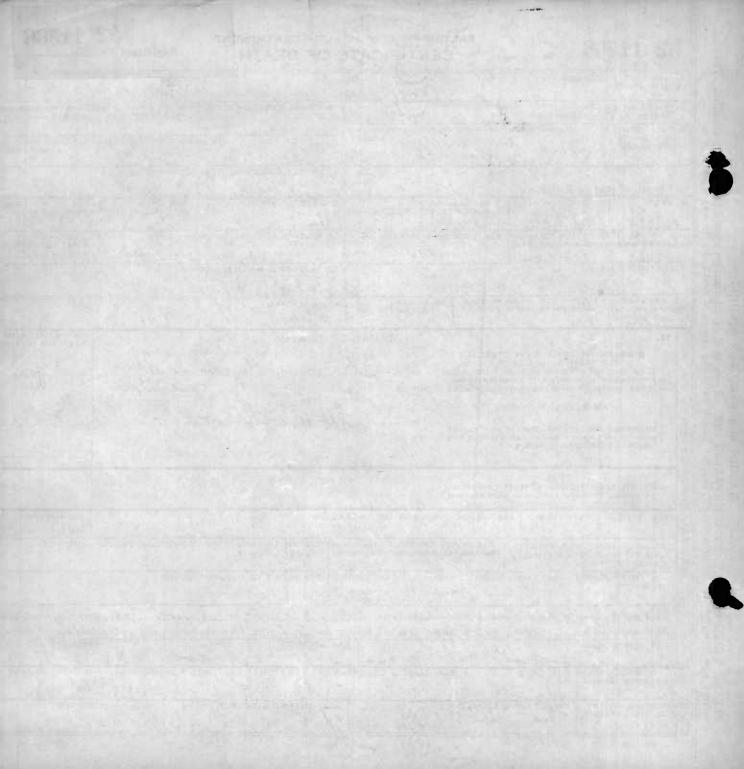


	D2 11564	CERTIFICAT	E OF DEATH	Registered	7. 11564
1-00	NAME OF DECEASED			2. DATE OF	30.50
	Sarah Ann Abrams		4. USUAL RESIDENCE	(Where deceased lived.	-19-52 If institution: residence
	Baltimore City, Maryland Balto.  ULL NAME OF (If not in hospital or institu		A. STATE	B. COUNTY	before admissio
HOS	SPITAL OR TITUTION	location)		(If outside corporate lin	nits, write RURAL and gi
	3901 Old York Rd.		Beltimor	24-	O Lef townshi
0		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
c. L	song on or own, in Bartimore	Days E. MARRIED.	1721 Belt	St. 9. AGE (In years)	If Under 1 Year   If Under 24 Hou
		WED, DIVORCED (Specify)			Months Days Hours Mir
10A.		D OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
	Housework	t Home	Cecil Cour	tv. Md.	U.S.A.
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN		
	esley Hamilton		Ann Mull	en	
Yes, a	WAS DECEASED EVER IN U. S. ARMED FORCES? ao or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18.153 x and 260 x		Family	3901 Old Yor	k Rd.
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∢ ।	DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TOUNDERLYING CONDITION LAST.	NG HE DUE TO	alifes. (	Carceno	ua
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L CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS COTRIBUTING TO THE DEATH, BUT NOT RELAT	N- ED IT.	alifes. (	Carcula	20. AUTOPSY?
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MEDICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT WAS UNDER- 21B. PL	N- ED IT.  R FINDINGS OF OPER ACE OF INJURY (e.g., farm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?		YES NO
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MEDICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING.  19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. 21B. PL LYING OR CONTRIBUTING 21B. PL CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY m.  22. I hereby certify that I attended the	N. EDUE TO  (C)  (C)  N. EDUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJ	12-19,19	yes No No Representation No Re
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NOIL NOIL NOIL NOIL NOIL NOIL NOIL NOIL	RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING.  19A. DATE OF OPERATION 19B. MAJOR  21A. ACCIDENT WAS UNDER. 21B. PL. About home, CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased alive on 2 2 3 19.51.  23A. SIGNATURE 3. BURIAL, CREMA- 24B. DATE	N- ED IT.  R FINDINGS OF OPER  ACE OF INJURY (e.g., farm, factory, street, office bldg.,  21e. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  A deceased from  and that death occur  A. D.  24c. NAME OF CEMETE  Cedar Hill	in or 21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJ  15  1952 to P.m., from 238. ADDRESS	m the causes and on LOCATION (City, tow	yes No proved the date stated about the date stated about 23c. DATE SIGNE 1/2-22-52cm, or county) (State



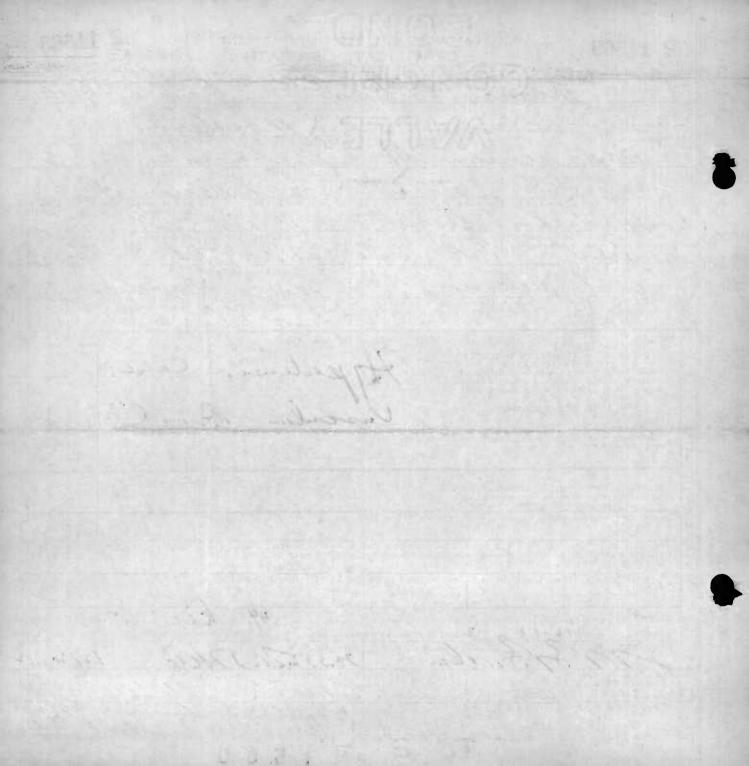
52 11565 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROSEMARIE (500DY OF DEC. 21, 1252 ally supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Bal Lewort (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION SOUTH BALTIMORE GEN. HOSPUTAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. 10th Sh c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED . AGE (In years Il Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) WAITE GUNE MARRIGD 10A, USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during more working life, even if retired) WHAT COUNTRY information s BALTTALORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD SPARKS (STEPFATHER) MARY CARMEAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or, unknown) SECURITY NO INTERVAL BETWEEN 54X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. The ar cur one YES 21B. PLACE OF INJURY (e. g., in/or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WRITE I WORK 22. I hereby certify that I attended the deceased from Port . 20, 195, to Det . M, 1957 that I last saw the deceased alive on Dec. M. 196V and that death occurred at 7: 20 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED with Detiture deal / box PLEASE correct age 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, John, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

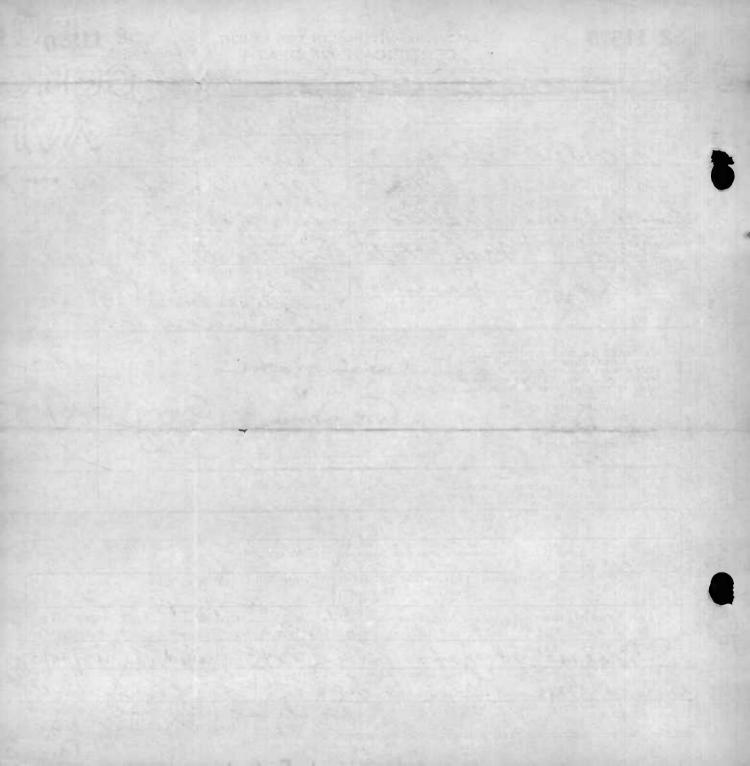




52 11567 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. OSUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 50 Yrs. ADDRESS Alf rural, gire location D. STREET Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED/DIVORCED (Specify) AGG (In year last birthday If Under 1 Year If linder 24 Hours should learly an Months Dnys Hours Min. redou 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTR information s tauseur ?! 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH 4421 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 18 That I last saw the WRITE deceased alive on m., from the causes and on the date stated above. . 19 and that death occurred at-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED IS. 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) (State) PLEASE Juna DATE RECEIVED BY REGISTRAR'S SIGNATURE WHERAL PIRECTOR LOCAL REGISTRAR alow VS ISOUUZ E 6 10 5

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. DISTREET ADDRES (If rural, give location c. Length of stay in Baltimore Days on should be 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. DOWED DIVORCED (Specify) SUAL OCCUPATION (Give kind of during most of working life, even if retired) 108, KIND OF BUSINESS OR (State or foreign country 11. BIRTHPL 12. CITIZEN OF INDUSTRY WHAT COUNTRY? death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yee, no or unknown) item of m INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ΰ TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WORK AT WORK 22. I hereby certify that I attended the deceased from. that I last saw the WRITE ge is esp deccased alive on 12 G 1966 and that death occurred at. \_m., from the chases and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE PLEASE TION, REMOVAL (Specify REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR Juntinglow JLU VS 150

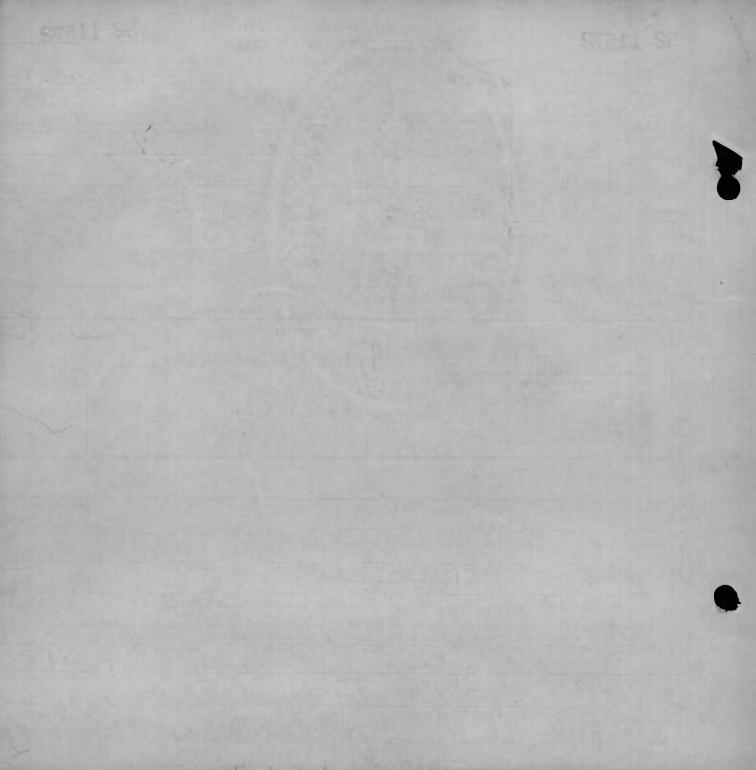




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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 2. DATE I. NAME OF DECEASED (Type or Print) OF VRTLE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STA B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OF TOWN (If outside corporate limits, write KUR AL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location and legibly Mos. c. Length of stay in Baltimore Days DATE OF BIRTH 9. AGE (In years If Under 1 Year 6. COLOR DE RACE 7. SINGLE, MARRIED 5. SEX last birthday) Months Days Hours Min. (LDOWED, DIVORCED (Specify) should 12. CITIZEN OF 10B. KIND OF BUSINESS OR 10A, USUAL OCCUPATION (Givekind of WHAT COUNTRY work done during most of working life, eyen if retired) INDUSTRY OUSLIVA MAIDEN NAME 13 FATHER'S NAME death BINDING 15. VAS DECEASED EVER IN U. S. AMMED FORCES? (Yes, allow unknown) (If yes, give wer of dates of cervice) 16. SOCIAL INFORMANT ADDRESS. SECURITY NO. of (Yes. mos unknown) causes of CAUSE OF DEATH 18. DNSET AND DEATH item FOR ypertensive Heart DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED Ever injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MARGIN RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [ OR CONTRIB. about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE especially AT WORK WORK thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above 田 RITE and death in my opinion resulted from: natural eauses M, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 2 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER .... age MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-240. LOCATION Way, town or county 24B. DATE CREMATORY correct DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR

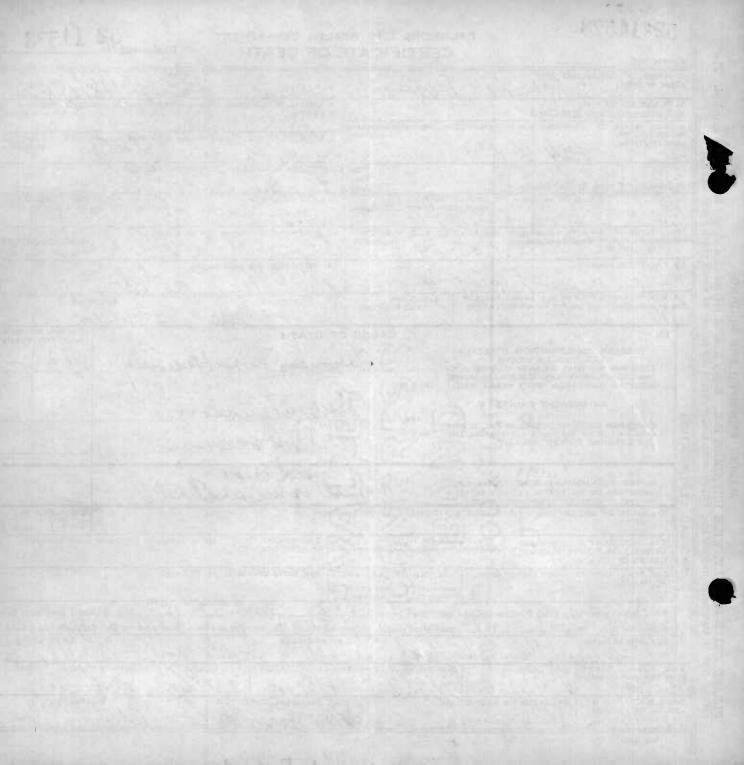


Registered No. 11573 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live. If institution: residence
A. STATE

B. COUNTY

before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate imits white RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DA 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WAPQWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work domeduring most of working life, even if retired) WHAT COUNTR INDUSTRY information s TOP JOH 13. FATHER'S NAME AIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no of naknown) (If yes, give war or dates of service) SECURITY NO. causes 18. 420.1 INTERVAL BETWEEN CAUSE OF ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY ILY, WITH important. 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 1952 to 22. I hereby certify that I attended the deceased from 196 that I last saw the PLEASE WRITE correct age is esp and that death occurred at deceased alive on 12/14 19.5 A. m., from the causes and on the date stated above. 23 K. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURAL CREMA-24D. LOCATION (City, town, or county) HALL NAME OF CEMETERY OR - 6 DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Huntington VS 150

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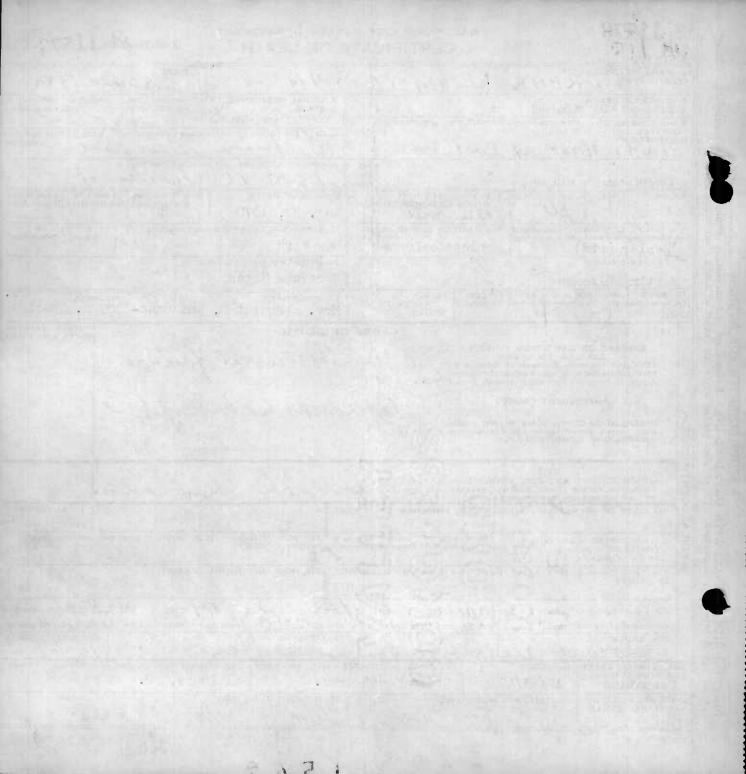


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RULAL and give c. CITY OR INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs (myyon) 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If Under I Year last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) name 10-10-15 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s tousew it 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ar unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL causes item INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO enter renal disease // yea ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED  $\overline{\mathbf{0}}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ILY, WITH important. 218. PLACE OF INJURY (e. g., ia or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 1952, to 12-19, 1952, that I last saw the P 22. I hereby certify that I attended the deceased from 12-14 TPm., from the causes and on the date stated above. PLEASE WRITE correct age is esp deceased alive on 12-19, 1952, and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24B, DATE 24C, NAME OF CEMETERY OR CREMATORY 240 LOCATION City, town, or county) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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The	Pr.	IRTH NO.	5			TE OF DEA		Registered	R. 11573	
ully supplied.		NAME OF D Type or Print)	FRANK	W.	WHITE	MAN		OF DEATH 20	Lee 1952	
	B.	PLACE OF D Baltimore ( FULL NAME OSPITAL OR	City, Maryland	al or instituti	on, give street address locatic	or nary	land	Vhere deceased lived. B. COUNTY	If institution: residence	on)
hilly		S/N/A	HOSP. of	Balk	/	Balfi	more	outside corporate lin	milts, write RURAL and g townsh	
legro	c.	Yrs. Mos. Length of stay in Baltimore Days			1000	RESS (If	rural, give location)	. st.		
should		SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Spec	8. DATE OF BIR	_	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Ho Months Days Hours Mi	
on shou	wor	Dealer (			of Business or Industi ale Lumber	New York	(State or fo	oreign country)	12. CITIZEN OF WHAT COUNTR	ξY.
NDING information s of death cle	1	3. FATHER'S NAME Martin Whiteman				14. MOTHER'S MAIDEN NAME Gertrude Hatch				
R BINDING em of inform causes of dez	(10	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NONE				17. INFORMANT Mrs. Mar ga	ret C.	Whiteman-1	ADDRESS S	t.
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	(This does heart failur injury or DISEASES RISE TO TUNDERLY	E OR CONDITION I LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which er ANTECEDENT CAUS G OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LAS	H f dying, e. g as the disease aused death.  ES ANY, GIVIN STATING TH ST.	(B) CAPE	sate re, ledocho-e isclus h	ndenkr	facture ic fish	ila.	
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INLY,	2	21D. TIME ( OF INJURY	Month) (Day) (Year)		PHILE AT NOT WHI	.E	ID INJURY	OCCUR?		
VRITE is espe		deceased al	ive on 12/20	ended the	deceased from I	urred at 10 45 m 230. ADDRESS	n., from the	he causes and on	that I last saw to the date stated about 23c. DATE SIGNE	ve.
PLEASE WRITE correct age is esp		4A. BURIAL, CON, REMOVAL (S Cremation			Green Mount	Crem.	Y 240. U	ocation (City, tow		e)
PLE	D	ATE RECEIVED DCAL REGISTI DEC 2 2 1	BY   REGISTRAR'S	signaturator /	Villiams, M;	25 FUNERAL QI	RECTOR	lever 4,	ADDRESS	
		VS 150	1	9 5	200.			Baeto.	17, Md.	



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ALY, WITH UNFADING INK.

PLEASE WRITE PLA

## BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 11577

BIRTH NO.		CERII	FICAT	E OF DEATH			
1. NAME OF DECEASED (Type or Print)	ATTOMEN II	OTTADD	CHICHI	AARI	2. DATE OF	T)	20 105
3. PLACE OF DEATH:	AUSTIN H	OWARD	GEISEL	TAN 4. USUAL RESIDEN	CF (Where deceases		er 20, 195
A. Baltimore City, Mary				A. STATE	B. COI		before admission
B. FULL NAME OF (If no HOSPITAL OR	t in hospital or institut	ion, give stre	eet address or location)	c. CITY OR TOWN		rate Haits, w	t FURAL and g
NSTITUTION	ran Hospital			Balti		5 -6	townsh
11d one1	dir noopi odii		Yrs.	D. STREET ADDRES		cation)	Jarra Land
c. Length of stay in Bal	timore		Mos. Days	3019	Herbert Str	reet	
S. SEX 6.COLOR	OR RACE   7. SINGLE	E. MARRIED		8. DATE OF BIRTH	9. AGE (In		1 Year   If Under 24 Ho Days   Hours   Mi
Male White			010 (0,100,7)	Sept. 9. 1867	87		
OA. USUAL OCCUPATION rk done during most of working life, ev	(Givekindof 10B. KIND	OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country	7) 12.	CITIZEN OF WHAT COUNTE
Owner	Gener	al Stor	re	Pennsylvania			
3. FATHER'S NAME				14. MOTHER'S MAIL			
John Geiselmar		1 40 5051		Mary Carbaugh	1		
5. WAS DECEASED EVER IN U	J. S. ARMED FORCES? o war or dates of service)	16. SOCIA	RITY NO.	17. INFORMANT	0-:	ADDR	
				Mrs. Laura M	Geiselman-		
18. E 929.8	1		CAUSE	OF DEATH			ONSET AND DEA
	NDITION DIRECTLY		_	. /	2)		
(This does not mean t	TO DEATH the mode of dying, e.	g., (A)	Drow	ning (Found di	owned)		
heart failure, asthenia, injury or complication			0				
ANTECEDE	NT CAUSES						
		(8)					•••••••
DISEASES OR COND	AUSE (A) STATING T		·o				
UNDERLYING CONE	DITION LAST.	(C)					
	11						
OTHER SIGNIFICAN							
TO THE DISEASE OR	CONDITION CAUSING	IT					Lac Allegary
19A. DATE OF OFERATI	ION 198. MAJOR	FINDINGS	5 OF OPER	RATION			YES NO
21a. EXTERNAL CAUSE	WAS   218. PL	ACE OF INJ	JURY (e. g., i	n or   21c. WHERE DII	(If in Baltimo	re City, give	exact location)
21A. EXTERNAL CAUSE UNDERLYING A OR O UTING L CAUSE OF	ONTRIB- about home,	farm, factory, st	reet, office bldg.,	etc.) INJURY OCCUR			28-03
21p. TIME (Month) (Da		wynns 1			alls, Dickey	AATTTE	
Found: 12/20/		WHILE AT	NOT WHILE				
22. I certify that I t		WORK L				naniry	7.6
				Aı	itopsy. Inspection or	Inquiry	
the evidence obto	ained by said Auto	opsy, Insp	ection or .	Inquiry, find that s	aid deceased die	ed on the d	ay stated abo
23A. SIGNATURE	opinion resulted	from: nati	urai cause	s , accident K, s	ICAL EXAMINER.		ATE SIGNED
Zon. Gloria Tolic	RATIO	elen	N		ICAL EXAMINER.	D	
24A. BURIAL, CREMA- 24	B. DATE	24c. NAME		RY OR CREMATORY			
Burial 12	2/23/52	Trinit	ty Refo	rmed Cem.	Mancheste	er, Md.	1
DATE RECEIVED BY   RE	GISTRAR'S SIGNATU			25 FUNERAL PIRE	199	. 19	DRESS
DEC O 1000	untington /	Villiann	a. M.D.	21m. 42	Julenen	J4 x	Moly
V S 151	D. Company	- KUNNAUNV				1	Mid
N 990X	100	per pri	0 5	1 1 6 6	1 1020	100 11	1 men
14 / 101	1 5 5	-	1 2				

Vim folimor 4 Sm

deceased alive on 12 19.52 23A. SIGNATURE

and that death occurred at 3.35 Pm., from the causes and on the date stated above.

4940 Eastern Ave

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE

Loudon Park Cem.

25. FUNERAL DIRECTOR

Balto., Md.

24D. LOCATION (City, town, or county)

23c, DATE SIGNED

12 20.52

ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

0 0 1005 VS 150 1002

UNFADING Physicians: p important. LY, especially PLA PLEASE WRITE correct age is esp

supplied.

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supplied.

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WITH

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ROBERTA PRICE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location) C. CITY OR TOWN (If outside corporate limits) write WURAL and give INSTITUTION township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give ocation) Mos. 3628 EDNOR c. Length of stay in Baltimore KOAD Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under i Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) on should clearly an Feb. 20, 1896 Married TOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife USA Maryland death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STENART KANDOLPH GRABELLA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT HUJBAND (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes DIETZ 3628 EDNUR RD. BALTO WILLIAM Every item write the cau 18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING UNFADING |
Physicians: pl RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VLY, WITH important. 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 12/21, 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ , 1956, to espe deceased alive on 12/2/, 1952, and that death occurred at 1115 a.m., from the causes and on the date stated above. PLEASE WRITE correct age is esp 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREATION, REMOVAL (Specify)
Burial 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Pikesville, Md. Druid Ridge Cem. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 150

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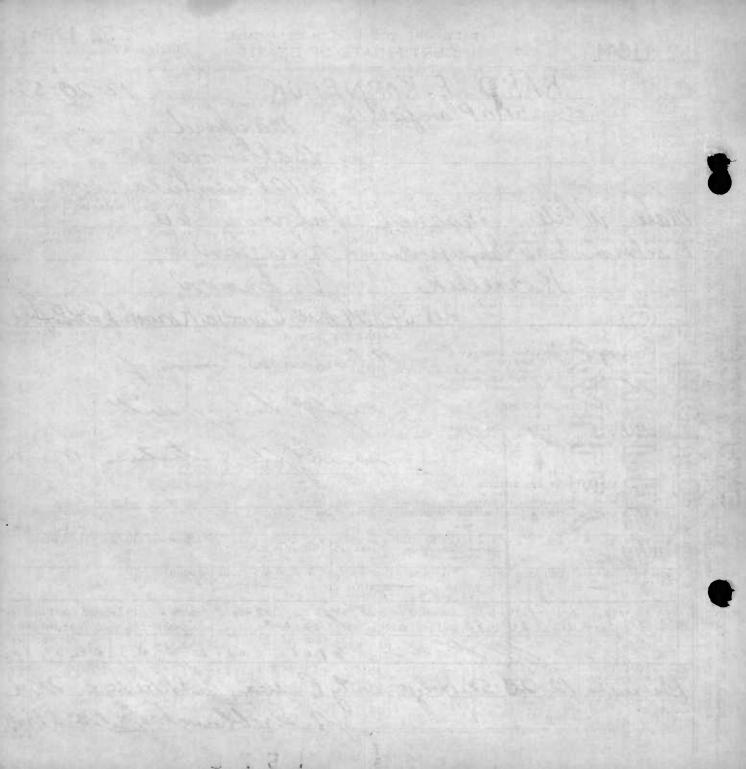
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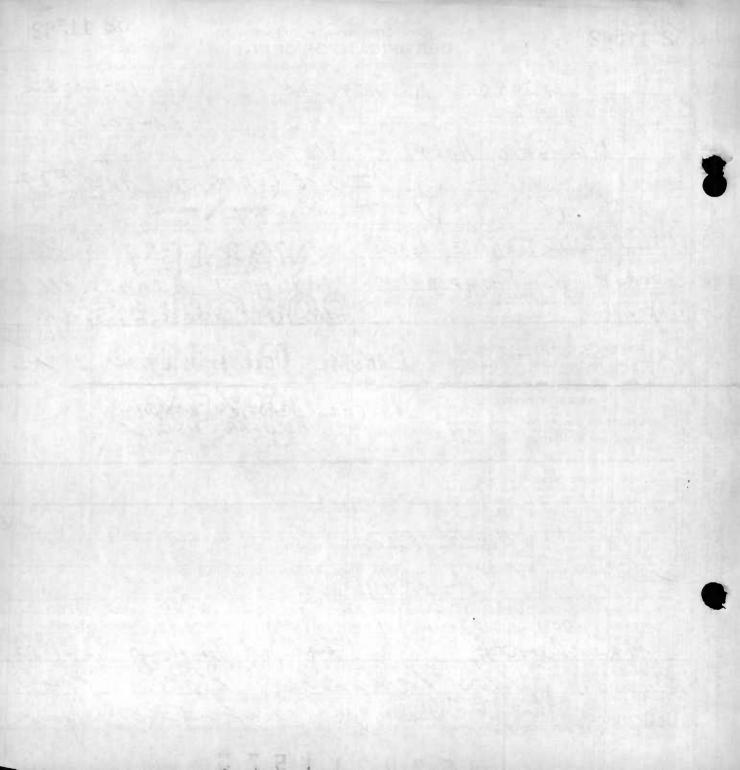
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ONSET AND DEATH

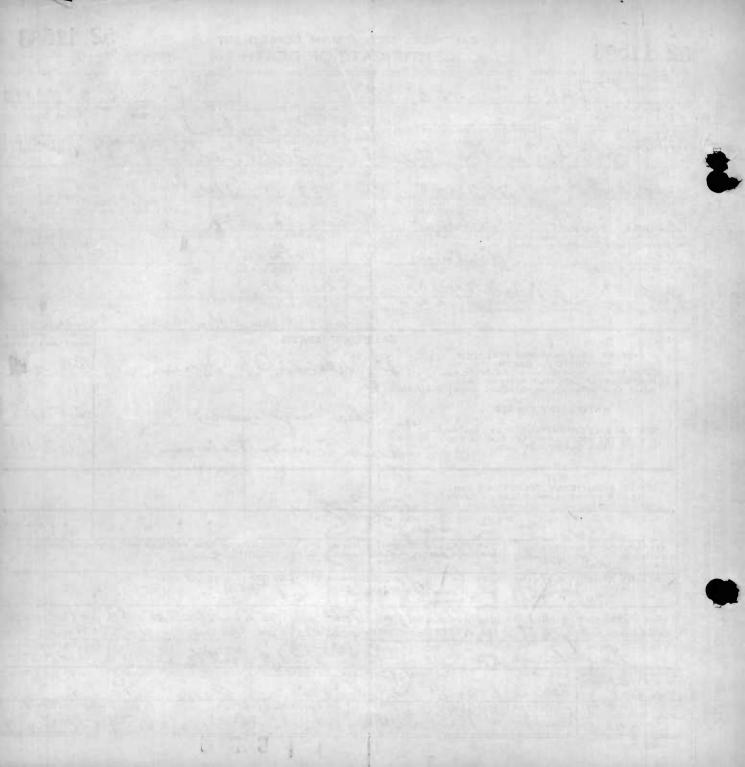
20. AUTOPSY



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	5	C. I response	EALTH DEPARTMENT	52 11582
The	=	IRTH NO.	E OF DEATH	Registered No.
		Sype of Print) GEORGE R. THO	4 PCON 2	DATE OF 12-21-52
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where	e deceased lived. If institution: residence B. COUNTY before admission
[ns /	H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location		BATO. side exporate limits with RURAL and giv
ully y.	I	MD. GEN. HOSP.	BALTO.	27-0 township
<b>~0</b>	1	Length of stay in Baltimore  Yrs.  Mos.  Mag.	77105-6,500	al, give location)
nd		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9.	AGE (In years   H Under   Year   H Under 24 Hours last birthday)   Months; Days   Hours   Min
should arly a	10	M W	2-13-1864	68
9	worl	Windship in the Walt Period   10B. KIND OF BUSINESS OR INDUSTRESS OF IND	Y II. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF WHAT COUNTRY
NG rmatio death	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5.
NDING information s of death cl	15	WAS DECEASED EYER IN U. S. ARMED FORCES? 1 16. SOCIAL	MARGARET	RICHARDSON
BINDIN of infor uses of d		s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. ROTA DOE	ADDRESS SAME
S m s		18. 422.1 1 CAUSE	OF DEATH	INTERVAL BETWEEN
E CT		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	IAC DECOMPEN	ISATION Z YRS.
VED Ever		heart fullure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
RESERVED INK. Ever please write	7	ANTECEDENT CAUSES	RIOSCLEROTIC C	ARDIN-
RESE INK.	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	RIOSCLEROTIC C VASCULAR DI	ISEASE
RGIN ADING icians:	FICA	(C)		
MARGIN UNFADING Physicians:	RTIF	OTHER SIGNIFICANT CONDITIONS CON-		
UN	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
WITH rtant.	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	YES NO
	EDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.		Baltimore City, give exact location)
NLY, impo	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF OF INJURY	RED 21F. HOW DID INJURY OF	CCUR?
0		m. WHILE AT NOT WHILI		
TE I		22. I hereby certify that I attended the deceased from		: 21 , 1952, that I last saw the causes and on the date stated above
RI			23B. ADDRESS	23c. DATE SIGNED
0.0	24	M. D.  4A BUNAL, CREMA 24B. DATE 24C. NAME OF CEMET ON REMOVAL (Specify)	ERY OF CREMATORY 2 6. LOCA	FON (City, town, or county) (State)
PLEASE correct a	X	Jurial 12/24/52 / arku	rod C	all no
PL	LC	DEC 2 2 1050	25 PUNERAL DIRECTOR	5305 Hay In &
		vs 150		- jungoros
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D		2-16			p	0 117
e e	5	2 11583	CERTIFICATE		Registered No	2 11583
d. The	1.	NAME OF DECEASED Print P	ASBERT		2. DATE OF DEATH DEC	20/1959
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland	nstitution, give street address or	4. USUAL RESIDENCE (WI		stitution: residence before admission)
should be sarly and legal	H	FULL NAME OF (If not in hospital or in pospital or	ley Ahles	c. CITY OR TOWN (If o	utside corporate limits,	wite RURAL and give township)
	c.	Length of stay in Baltimore >0	Yrs. Mos. Days	D. STREET ADDRESS (If re	mal, give location)	est
		SEX   6. COLOR OR RACE   7. S	MGLE, MARRIED, VIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  Aug /2 /877	9. AGE (in years last birthday) Mon	ths Days Hours Min.
		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. EARTHPLACE (State of for	eign country)	2. CITIZEN OF WHAT COUNTRY?
ath	13	Michael Kul	zynski	14. MOTHER'S MAIDEN NAI	ME ?	
BINDING of inform uses of dea	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FOR , no or nuknown) (If yes, give war or dates of ser	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	Parten as
R em cal		18. 420.1 DISEASE OR CONDITION DIRE		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
5-		LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A)	Meravi ( V. S)	ne	Oct 12/52
24	7	ANTECEDENT CAUSES		i buyocoidile	•	Oct 12/52
NG INK.	ATIO	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	, GIVING	Cornery Ocel	esin	Dec 20/52
MARGIN UNFADING Physicians:	CERTIFIC	II OTHER SIGNIFICANT CONDITION				
		TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE  19A, DATE OF OPERATION 19B. M		ATION		20. AUTOPSY?
WITH rtant.	SAL	me !	none			YES NO E
LY, WITE	MEDIC	21a. ACCIDENT WAS UNDER. LYING OR COUTRIBUTING about	B. PLACE OF INJURY (e. s., in thome, ferrill to street, office bldg., e	a or 21c. WHERE DID 2(If to.) INJURY OCCUR?	in Baltimore City, gi	ve exact location)
PLEASE WRITE PL		21D. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY	occur?	
		22. I hereby certify that I attended deceased alive on 19.	d the deceased from A. and that death occur	red at 10 30 Am., from th	e causes and on the	that I last saw the date stated above.
		23A. SIGNATURE	k M. D.	3B. ADDRESS N. East	The	12-20-17
ASE ct ag		ia. BURIAL, CREMA- DN, REMOVAL (Specify) Burial Dec 23/3	24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	OSA. City	or county) (State)
PLE.		ATE RECEIVED BY REGISTRAR'S SIG	Williams M.P.	25. FUNERAL DIRECTOR	es 401 J	. Chester &
		VS 150	5 2 0	11576		



52 11584 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED M. 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 12-16-03 10A. USUAL OCCUPATION (GivekInd of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during the Brarking life wen if retired) INDUSTRY WHAT COUNTRY? information s of death cle LEVERING COFFEE CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | Alf yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN 18. CAUSE OF DEATH 0% ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\bar{\mathbf{0}}$ 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If In Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from 12-5-1952to / 2 - 20-, 1952 that I last saw the PLEASE WRITE correct age is esp deceased alive on 12-28-19 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 12-20-52 24A. BURIAL CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) DONNELL ST. BACK JURIAL DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR ONKLING ST.

VS 150

New Cathedral

Old

25. FUNERAL DIRECTOR

Frederick

KRAUSE FUNERAL HOME 1216S. Charles St

Rd. Balto.M

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR VS 150

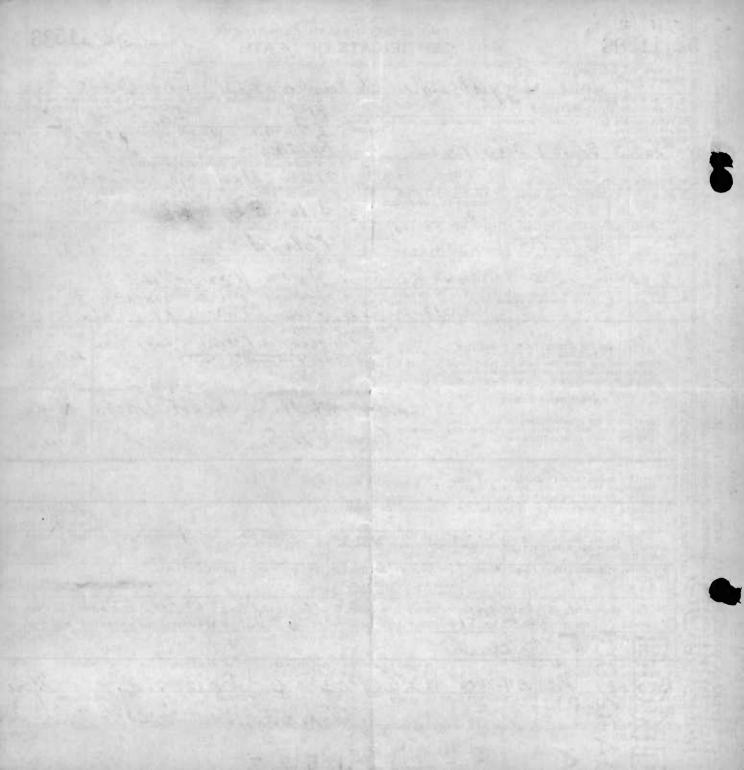
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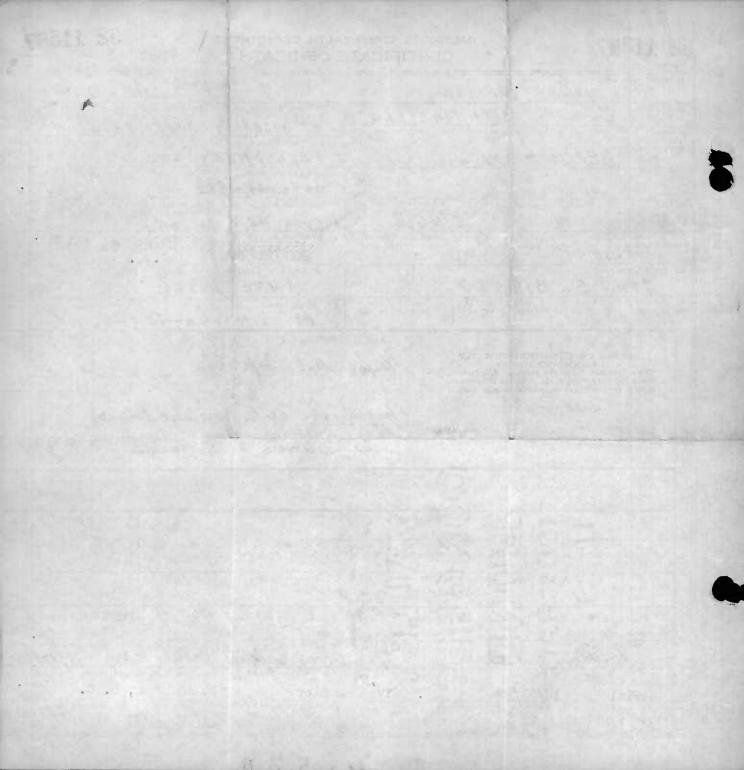
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Registered 76 11586 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) M DOKSKI OF illy supplied. 12-20-52 DEATH 3. PLACE OF DEATH: USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, wri RURAL and give township) Home + 40spita Church Yrs. (If rural, give locatio Mos. MADIEVIA c. Length of stay in Baltimore Days on should be 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year "thday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give hind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY information 13. EATHER'S NAME MAIDEN NAME VANK KANUPKA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL UVBANADDRESS (Yes, no or unknowu) SECURITY NO causes N. MONFore CAUSE\_OF DEATH 18. 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HEART Wisense INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important. YES X NO 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE! P 22. I hereby certify that Lattended the deceased from 12- 10 12-20 . 19 Sthat I last saw the 1952 to PLEASE WRITE 54 and that death occurred at 6 Pm., from the causes and on the date stated above, deceased alive on\_ 23A SIGNATURE 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) (State) TION, REMOYAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150



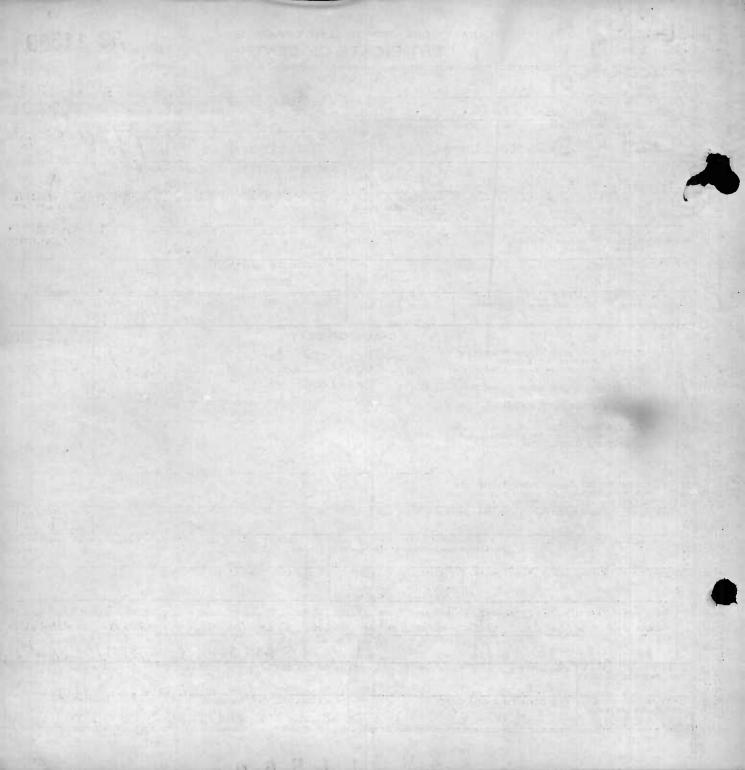
B-	52	2 11587 erth no.	BALTIMORE CITY HE		MENT Regis	52 11587 tered No.
e legibly.	1.	NAME OF DECEASED STORY S	1860		2. DATE OF DEATH	DEC. 19, 1952
	B.	PLACE OF DEATH: Baltimore City, Maryland BAL1 FULL NAME OF (If not in hospital or i OSPITAL OR	O. MARYLAND	4. USUAL RESIDE A. STATE 57. JOSEA C. CITY OR TOWN	NCE (Where deceased B. COUPA'S CAURCA	lived of institution; residence NTY of the before admission I EXAS, MD. ate limits, write RURAL and give
		MERCY HOS PI	TAL Yrs.		YARYLAND SS (If rural, give loca	
			Mos. Days	8. DATE OF BIRTH	9. AGE (In )	
IDING information should be of death clearly and	10	OA. USUAL OCCUPATION (Give kind of 10B	NIDOWED DIVORCED (Specify)	JULY 34, 188	tate or foreign country	
tion s		k done during post of working life, even if retired)  FATHER'S NAME	Religious INDUSTRY	14. MOTHER'S MAI	D.	ington WHAT COUNTRY
ING orma	15	JOHN E. BIFIE		ANNE		
R BINDING em of inform causes of dea	(Yo	s, no or unknown) (If yes, give war or dates of ser	vice) SECURITY NO.	Fr. SII	MMONS, TE	XAS, Md.
FOR y item		DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which eaused	ng. e. g., (A) Mys es	udial Safe	retion	INTERVAL BETWEEN ONSET AND DEATH
EESEI INK.	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	GIVING (B) Requests	inine lacki	- vacular d lardis- varly	liuse lar 5 gm.
MARGIN H UNFADING Physicians: p		OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT I TO THE DISEASE OR CONDITION CAUS	RELATED			
		0	MAJOR FINDINGS OF OPER			20. AUTOPSY?
PLEASE WRITE PLA LY, WITH correct age is especially important.		21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH	B. PLACE OF INJURY (e. g., in at bome, farm, factory, street, office bldg., e	or 21c. WHERE DI		e City, give exact location)
		21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURRI M. WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID	INJURY OCCUR?	
		22. I hereby certify that I attende deceased alive on the 19	d the deceased from hor, and that death occur			, 19 that I last saw that on the date stated above
		23A. SIGNATURE A. Pala  4A. BORIAL CREWA! 24B. DATE		Mercy Knful	Tal Balle. 2,	MA. 23c. DATE SIGNED  12/19/52  ty, town, or county) (State)
	TIC	ON, REMOVAL (Specify) Burial 12/23/52	Mt. Olivet C	emetery	Washingto	on, D. C.
PL	L	ATE RECEIVED BY REGISTRAR'S SIG	ton Williams M	4 N. Mears	NY Son - 80	57. Caluit St
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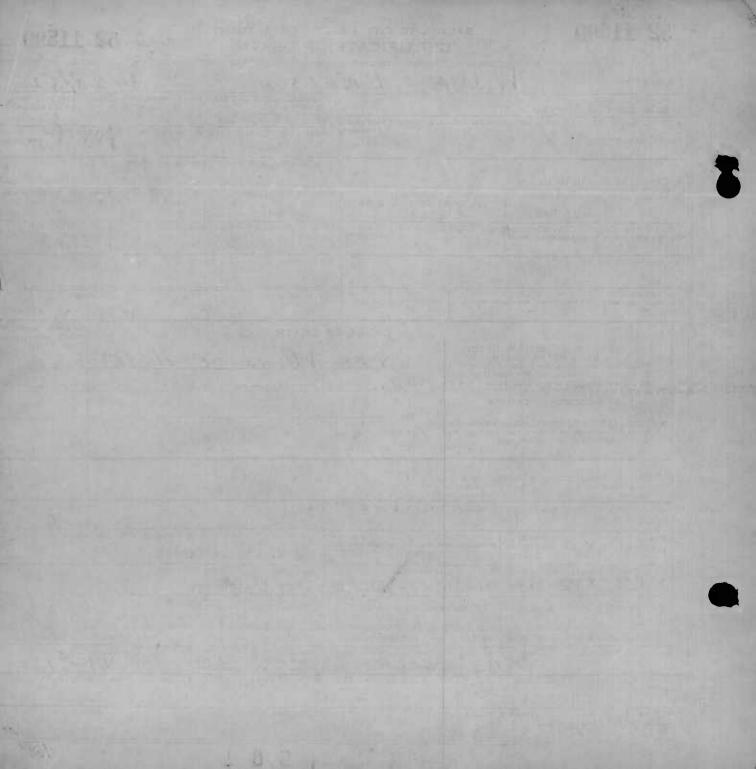


Jak 1061 52 11588 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF rally supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR OWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BURTH WIDOWED DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY information MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION a michalian of the 20. AUTOPSY 19A. DATE OF OPERATION important. Ustinchur, millalle Kerrary Kirm 21c. WHERE DID (If in Baltimore City, give exact location) 2 NB. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE 22. I hereby certify that Vattended the deceased from 19 2-that I last saw the PLEASE WRITE correct age is esp 121 21 19 2 and that death occurred at P. m., from the causes and on the date stated above. deceased alive on\_ 23 MIGNATURE 23c. DATE SIGNED BURIAL, CREMA-ME OF CEMPTERY REMOVAL (Specify) UNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered 12 11589 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sylvia Carter Dec.19,1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE before admission) 3. PLACE OF DEATH: Balto., A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporat live INSTITUTION 1825 Eagle Street township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1325 Eagle Street . Length of stay in Baltimore Days should be learly and l 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) Il Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Femal Colored July 18,1880 W1.GOWed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Allendale, S.C. information J death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unknown) SECURITY NO. Ruth Carter 1825 Ragle Street Every item of i INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION NLY, WITH important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., io or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT AT WORK 19-, 1952 that I last saw the 1/-13-19.52 to PLEASE WRITE P 22. I hereby certify that I attended the deceased from\_\_\_ deceased alive on 12-12- 1952, and that death occurred at 16:30 a.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY DR CREMATORY 24A. BURIAL, CREMA-TION, RENOVAL (Specify) urial Auburn Cemetery Baltimore. Mount 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE WORAL REGISTRAR Arlington Phillips 1808 N. Monroe St unlanglow VS 150

RESERVED





UNDERLYING | OR CONTRIB-

UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

23B. CHIEF MEDICAL EXAMINER .....

ASSISTANT MEDICAL EXAMINER.

MEDICAL INVESTIGATOR.

NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an \_

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .

OF INJURY

BINDING

RESERVED

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PLEASE

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23A. SIGNATURE

BURIAL, CREMA-REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

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LAME OF CEMETERY OF CHEMATORY

partial autopsy

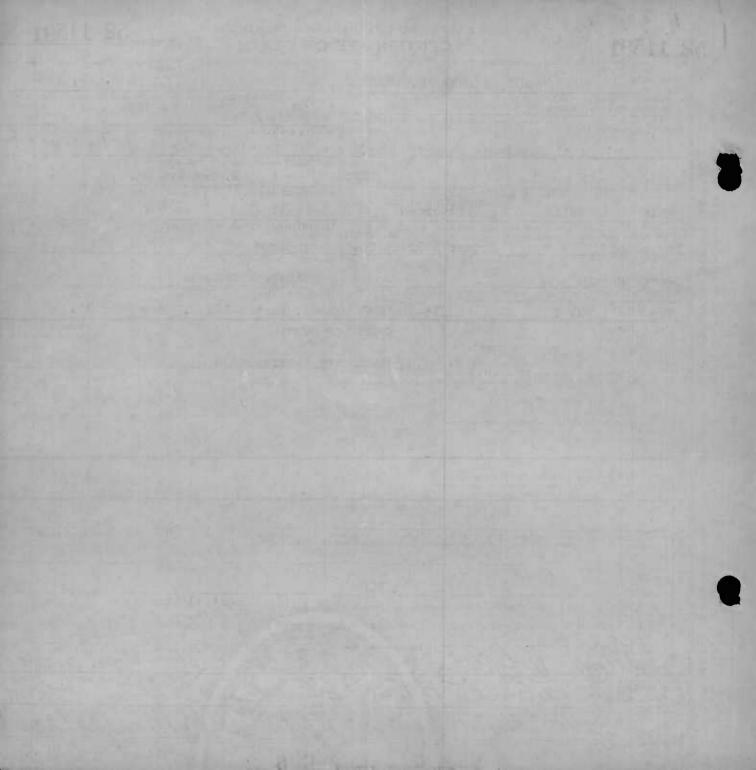
Autopsy, Inspection or Inquiry

22. 1952 (State) 24D. LOCATION (City, town, or county

23c. DATE SIGNED

thereon and from

21E. INJURY OCCURRED



Registered No. 11592 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. Mrs. Elizabeth Tenaglia 4. USUAL RESIDENCE (Where deceased lived, it institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) A STATE B. COUNTY Maryland
(If not in hospital or institution, give street address or B. FULL NAME OF Maryland location) (If outside corporate ! rite KURAL and give INSTITUTION township) St. Agnes D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2102 E. Lafayette Ave. 8. DATE OF BIRTH 9. AGE (in c. Length of stay in Baltimore Davs information should be of death clearly and l 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) SINGLE, MARRIED If Under 1 Year It Under 24 Hours WIDOWED, DIVORCED (Specify) Months Days Hours Min. Nov. 12. 1905 47
11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Zuchowski Frances Kinski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES -31-53 21B. PLACE OF INJURY (e. g., ia or about home, farm, factory, street, office bldg., otc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WORK 22. I hereby certify that I attended the deceased from. an, 195) to Dee 19., 1957 that I last saw the PLEASE WRITE correct age is esp deceased alive on 1.19.19. and that death occurred at 3.40pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR

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BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland O, before admission) A. STATE B. GOUNTY B. FULL NAME OF (If not in hospital or institution, give street address or 0 B = 0 B HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours ! Min. 2-19-1 10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) KIND OF BUSINESS OR 12. GITIZEN OF INDUSTRI WHAT COUNTRY? information s of death cle armer 0016 13\_FATHER'S NAME 14. MOTHER'S MAIDEN NAME ouna 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT HOPKINS HOSPITAL 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. of Every item INTERVAL BETWEEN 18. 20 CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY (A) Multiple Myeloma LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., iu or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from // - 5-195 2-to/2 - 2/ - , 195 2 that I last saw the PLEASE WRITE deceased alive on 2-2/-, 1957, and that death occurred at 10 2 m., from the causes and on the date stated above. 23A. SAGNATURE 238. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 240 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) D DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

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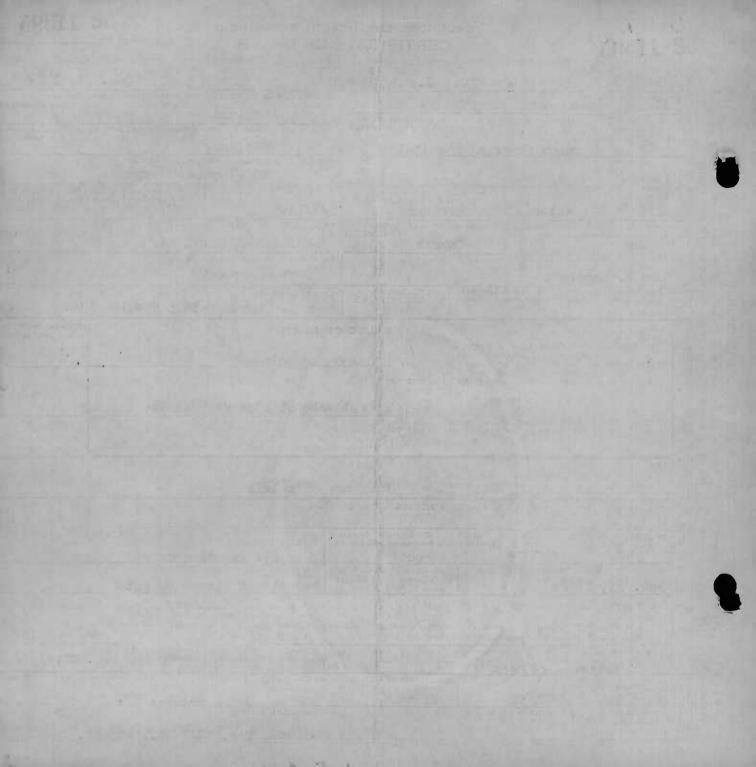
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Registered 52 11594 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH 12.20.52 OF supplied. Peder Pederson 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF Baltimore City Hospitals G. CITY OR TOWN (If outside corpor te limits write RURAL and give 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give Ideation) Mos 410 W. Fayette Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) information should be of death clearly and If Under 1 Year If Under 24 Hoges last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White February 22, 1886 Single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Over man Norway 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peder Pederson Segred Feganly 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records: Baltimore City Hospitals SECURITY NO. 1-07-2632 (Yes, no or unknown) causes 18. CAUSE OF DEATH INTERVAL BETWEEN 49 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Uremia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Bronchopneumonia ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! WHILE AT AT WORK 8.5.52 12.20.52 19 , that I last saw the 22. I hereby certify that I attended the deceased from. 19\_\_\_. to\_ and that death occurred at 12:15mp From the causes and on the date stated above. PLEASE WRITE correct age is esp deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 12.20.52 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-240 LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY ADDRESS 20 REGISTRAR'S SIGNATURE OCAL REGISTRAR

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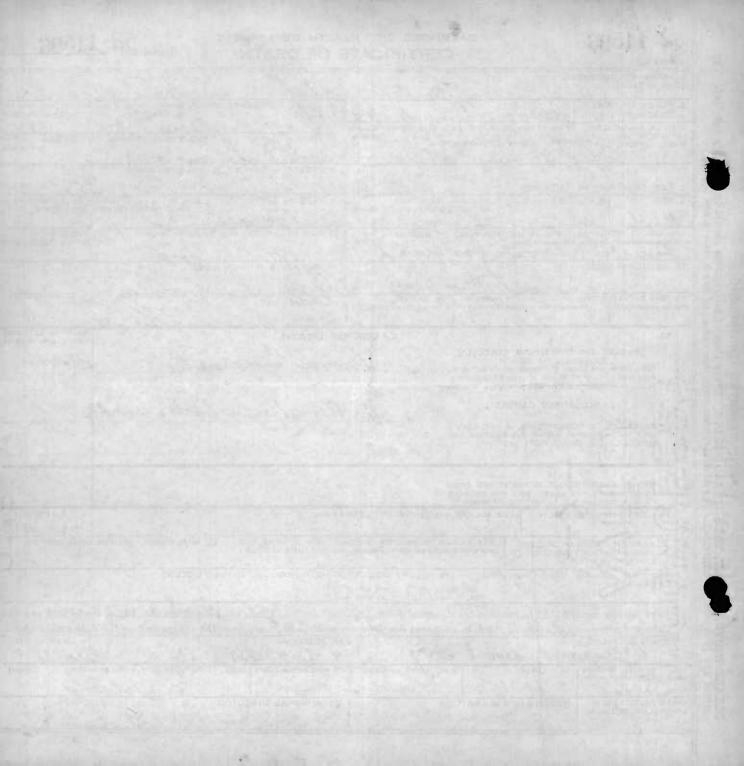
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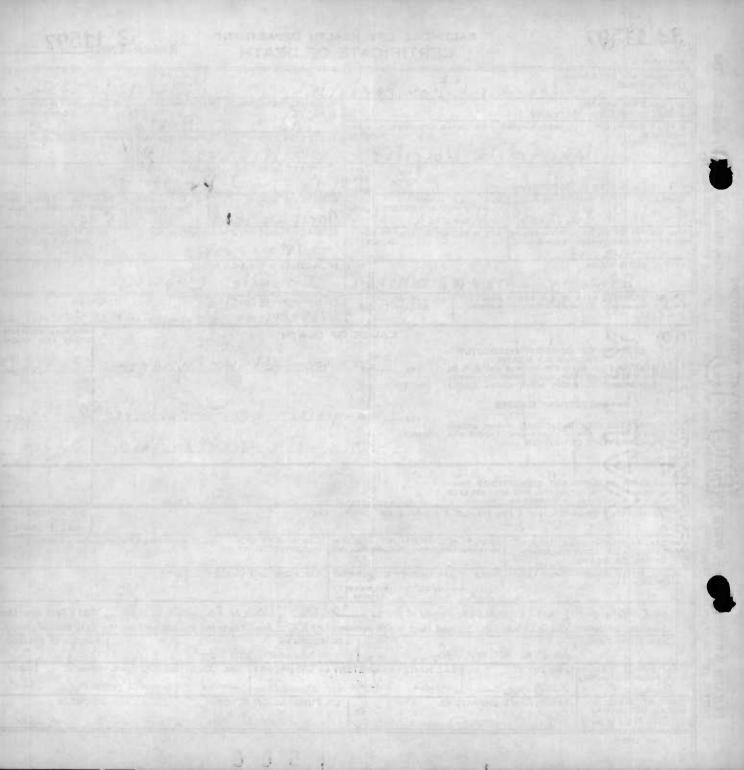
Registered No. 11596 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1400 M. before admission) (If not in hospital or institution, give street address or loontion) HOSPITAL OR If outside corporate limits, write BURAL C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED KGE (In years) If Under 1 Year ()ast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of BUSINESS OR M. BIRTHPLACE (State or foreign country) 10B. KIND OF 12. CITIZEN OF work done during most of working life, owen if petired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO discore lackis wash ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\bar{0}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK South 20 190 2 that I last saw the 195/, to\_ 22. I hereby certify that I attended the deceased from\_ 1952, and that deat becurred at 4.9 \_m., from the causes and on the date stated above. deceased alive on 23A. SLENATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248, DATE HON REMOVAL (Specify) Dunsa. DATE RECEIVED BY REGISTRAR'S SIGNATURE

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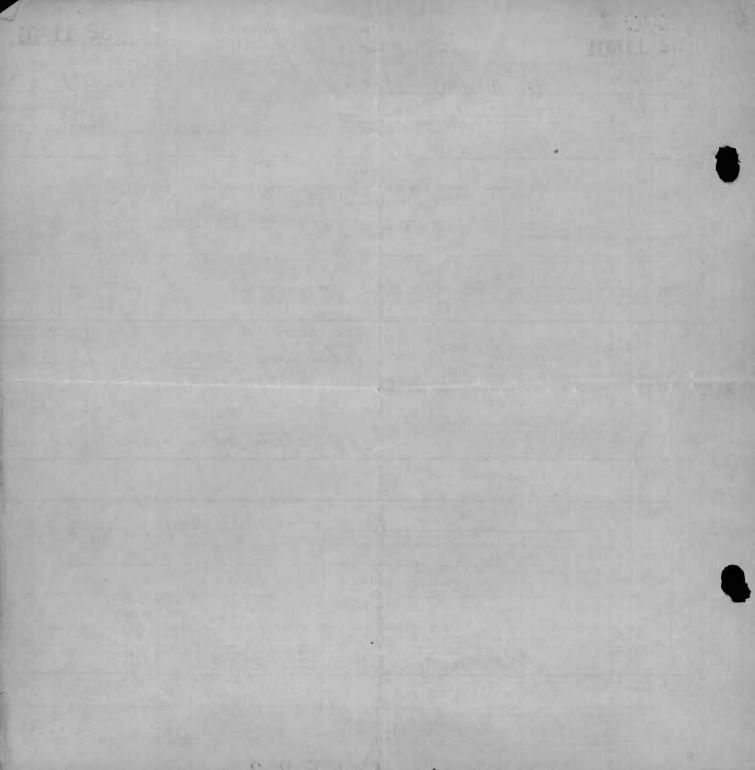


BALTIMORE CITY HEALTH DEPARTMENT 52 11599 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) 00 B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and vive INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. Uston c. Length of stay in Baltimore Days should be 5. SEX 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 6. COLOR OR RACE AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours | Min. AGE (In years 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Ocaning + Pressing Busin ADRCO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME maria alexa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO 420.1 INTERVAL BETWEEN y item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ប៊ 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially NOT WHILE WORK AT WORK 1952 to 12-14, 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE 19.5 2, and that death occurred at 11.30 R., from the causes and on the date stated above. deceased alive on 12 23A. SIGNATURE 23B ADORESS 23c. DATE SIGNED 24c. NAME OF CEMETERY 24A. BURIAL. 24D. LOCATION (City, town, or county) TICH REMOVAE (Specify Greek 23 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

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	NAME OF DI		0		2. DATE OF	
			BYRDE SHOE	MAKER	DEATH / 2 - 21-5 2	
3.	PLACE OF DI	eath: Sity, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If institution; resid	
	FULL NAME		tal or institution, give street address o	/	1	
H	OSPITAL OR	0, (1, 1,00,11, 1,00,1)	location		outside corporatellimits, weite DURATA	
111	NSTITUTION	2000 .	. 1 Hatitul	Rultinger		
	union	runer	7 Yrs.	D. STREET ADDRESS (If	rural, give location	
	Longth of st	av in Paltimora	Mos.	1100 21/9	1100 2/ 1 7 10 . 6	
-	c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,			8. DATE OF BIRTH	9. AGE In years   Il Under   Year   If Und	
	_	14/	WIDOWED, DIVORCED (Specify		last birthday) Months Days Hour	
-		V	Single	May 30,1931	15	
		CUPATION (Give kind of f working life, even if retired)		11. BIRTHPLACE (State or f	oreign country) 12. CITIZEN O	
	stude	ut		north Can	otina USA	
13	FATHER'S N	AME		14. MOTHER'S MAIDEN N	AME	
I A	Parke	P. Sh	em stere	Verna 7	cina stere	
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS	
(Ye	e, no or nnknown)	(If yes, give war or date	es of service) SECURITY NO.	20 + 10 B	en you Whitindas (	
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	18. 493	×	CAUSE	OF DEATH	INTERVAL E	
	DISEAS	E OR CONDITION				
	(This does	LEADING TO DEA	of dying, e.g., (A)	enaceles.		
					***************************************	
	heart failu	re, asthenia, etc. It me				
	heart failu injury or	re, asthenia, etc. It me complication which	caused death.) DUE TO			
Z	heart failu injury or	re, asthenia, etc. It me	caused death.) DUE TO	eumonia.	Lett shlum	
NOI	heart failu injury or DISEASES	re, asthenia, etc. It me complication which ANTECEDENT CAU  S OR CONDITIONS,	caused death.) DUE TO SES  IF ANY, GIVING	ennoie,	left stling	
ATION	heart failu injury or DISEASES	re, asthenia, etc. It me complication which ANTECEDENT CAU	caused death.) DUE TO  SES  (B) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	sunsii,	left stling	
CA	heart failu injury or DISEASES	re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A)	caused death.) DUE TO  SES  (B) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	eumsnia,	left stling	
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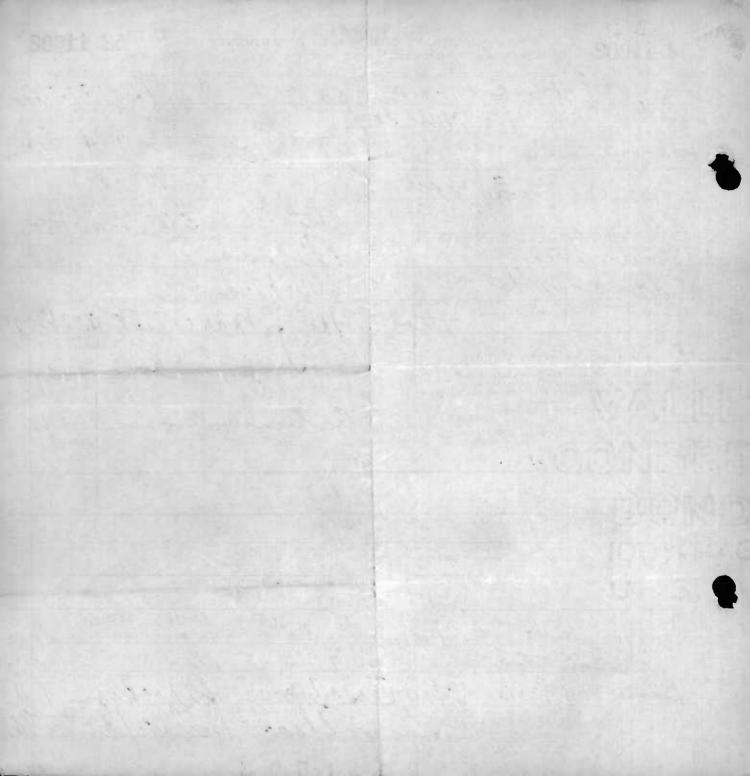


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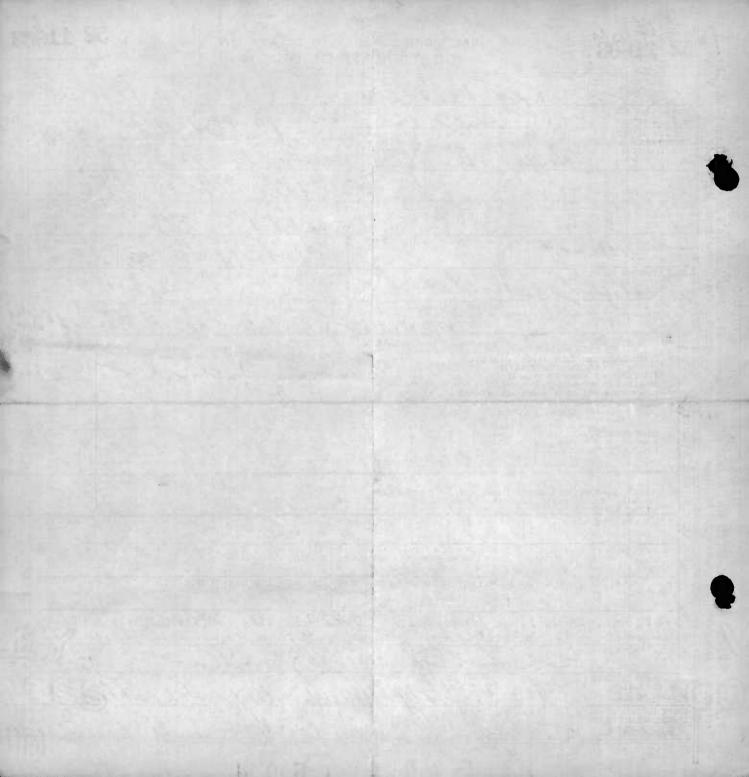
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

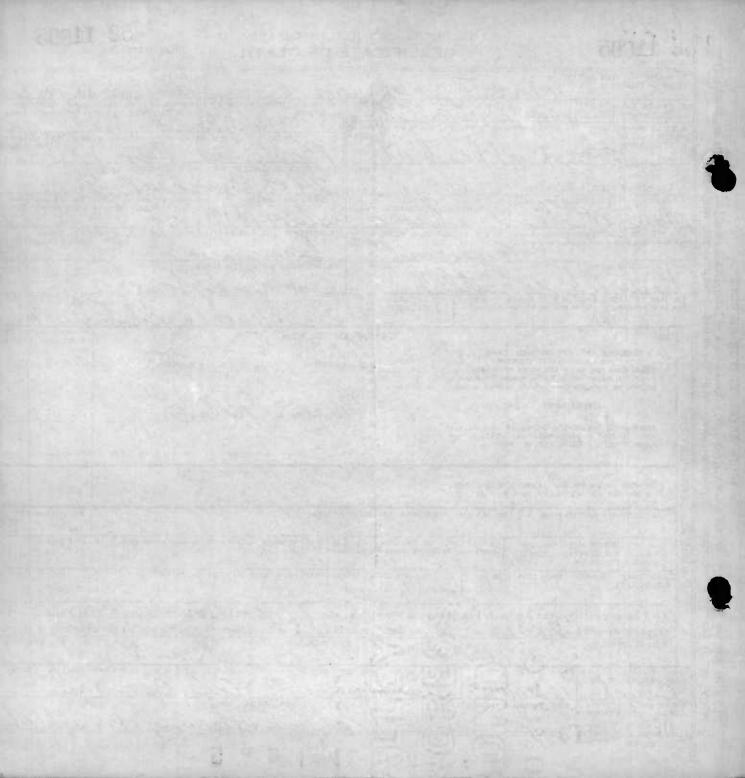
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supplied		PLACE OF DEATH:  Baltimore City, Maryland //52 7 well ff. A. STATE  B. COUNTY  B. COUNTY							
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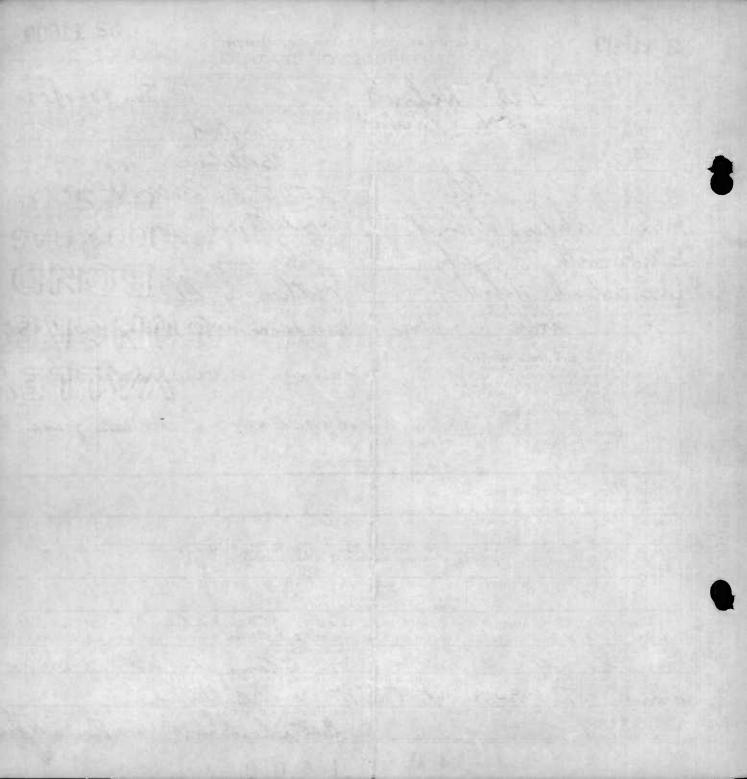




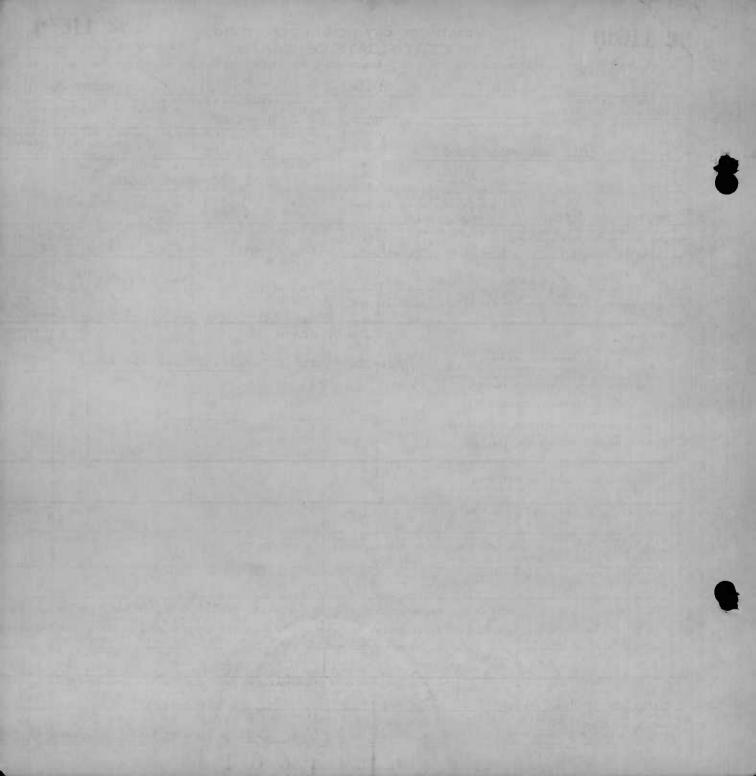
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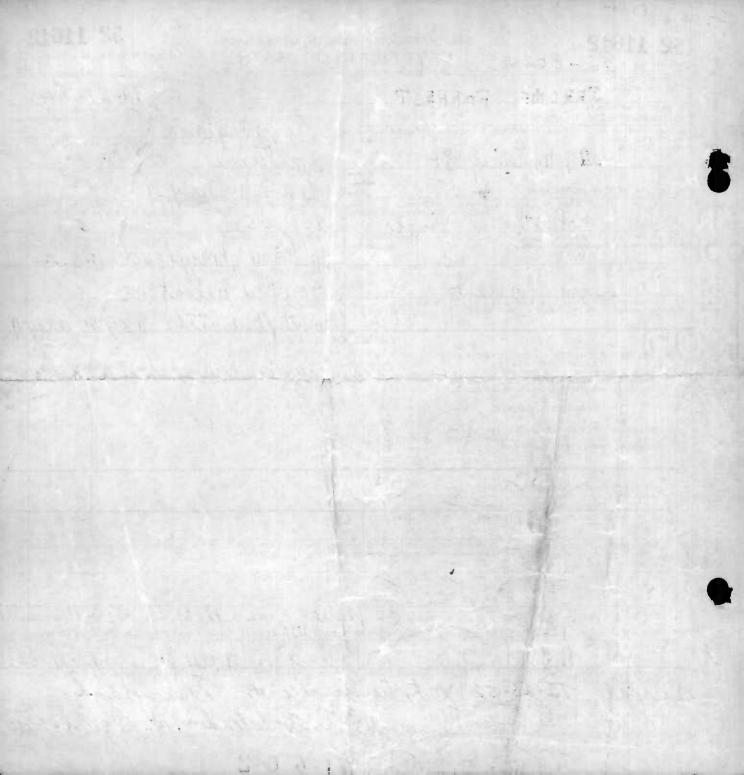
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52 11611 52 11611 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Balto. B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) JOHNS HOPKINS HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) more ADDRESS (If rural, give location) Yrs. Mos. an c. Length of stay in Baltimore 60 Yrs Days 6. ZONOR OR RAGE 7. SINGLE, MARRIED 8. DATE OF AGE (In years If Under 1 Year If Under 24 Hours last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Feb-22-1894 Widoe 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? information s of death ele Home Domestic At Fredrick Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thompson James Gray Sallie 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes JOHNS HOPKINS No INTERVAL BETWEEN 18. CAUSE OF DEATH 760X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF QPERATION ILY, WITH important. (218. PLACE OF INJURY (e. g/in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact 21A. ACCIDENT WAS UNDER-INJURY LYING OR CONTRIBUTING 21E. INJURY OCCURRED HOW DID INJURY 21D. TIME (Month) (Day) (Year) (Hour) 2 (F/ OCCUR? OF INJURY NOT WHILE WORK 1952, and that death occurred at 6 20 m. from 22. I hereby certify that I attended the deceased from that I last saw the WRITE - M., from the causes and on the date stated above. deceased alive on\_ 23A. STONATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITA 24A. BURLAL, CREMA-TION, REMOVAL (Specify) CEMETERY OR CREMATORY PLEASE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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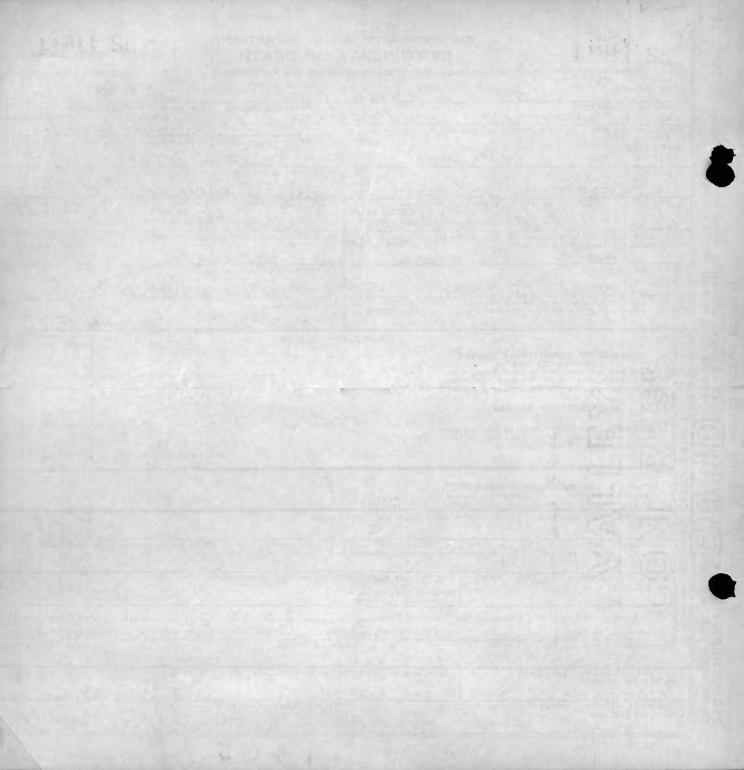
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NDING information should be y supplied. The sof death clearly and legibly.		DALTIMORE CITY HE	EALTH DEPARTMENT	52 11612
	1	CERTIFICAT		Registered No.
		NAME OF DECEASED		2. DATE
		pe or Print) JEROME FORREST		DEATH 12-21-52
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WI	here deceased lived. If institution: residence  B. GOUNTY before admission)
		FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)		outside corporate limits, write RURAL and give
	IN	STITUTION 639 h. Carrey 8+	Ballmirel	township)
	0	Y Yrs-	D. STREET ADDRESS (10)	ural, give location)
	II ===	Length of stay in Baltimore Days  SEX A 6.COLOR OR RAGE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9, A&E (In years) If Under   Year   If Under 24 Hours
	1	WIDOWED, DIVORGED (Specify)		last birthday) Months Days Hours Min.
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	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY	OCCUR?
		m. WHILE AT NOT WHILE AT WORK		
		22. I hereby certify that I attended the deceased from $12 - 20 - 192$ , to $12 - 21 - 1932$ , that I last saw the deceased alive on $12 - 20 - 1932$ , and that death occurred at 1:30 2 m., from the causes and on the date stated above.		
			23B, ADDRESS   D	23c. DATE SIGNED
WF	24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town)			
SE t ag	12	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	(4 4 M) CO 4	(State)
PLEASE correct ag	24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or country) 24D. LOCATION (City, town, or c			
[P]	Di	C 23 1052 Huntington Williams M.D.	W. Halstead	1-918- Druid - Hill
		VS 150		
	11	1 2 5 2 0 9 1	1603	



52 11612 BALTIMORE CITY HEALTH DEPARTMENT 11612 Registered No.-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos 50 c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5\_SEX 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | Il Under 24 Hours last birthplay) | Months; Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) should early an married 10A USUAL OCCUPATION (Give kind of work done during most of working life, even iffetired) 10B. KIND OF BUSINESS OR 11. BIRTUPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? information ouse wike 13. FATHER'S NAME death 4. MOTHER'S MAIDEN NAME emon 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO causes INTERVAL BETWEEN item 18. CAUSE OF DEATH 20,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES ease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION \_ important. 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY PI NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 19 that I last saw the PLEASE WRITE correct age is esp deceased alive on deceased 19 and that death occurred at Im., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A-SIGNATURE 24%. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or county) 24B. DATE 24c. (State) Merial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR NFC 22 april Tuntington VS 150

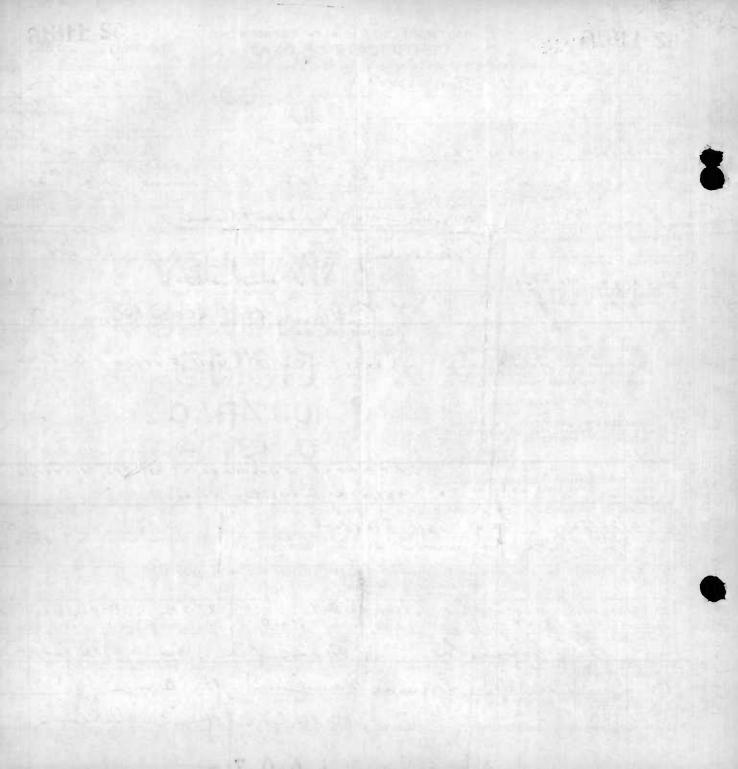
fundament like AND REPORT OF THE PROPERTY OF

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11614 вікти 11614 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE CR.COUNTY ! before Admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. O. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spo fty) 9. AGE (In years If Under Year If Under 24 Hours last birthday) Months: Days Hours Min. 5. SEX 6. COLOR OR RACE M. BIRTHPLACE (State of forcige country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information ; none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yos, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRÉSS SECUBITY NO. 0 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ecially NOT WHILE WORK AT WORK 1935 22. I hereby certify that I attended the deceased from. . 19\_\_\_ to 12 152, 19\_, that I last saw the PLEASE WRITE correct age is esp deceased alive on 12/20/52,19 , and that death occurred at 4\_m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B/DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR untinglow VS 150



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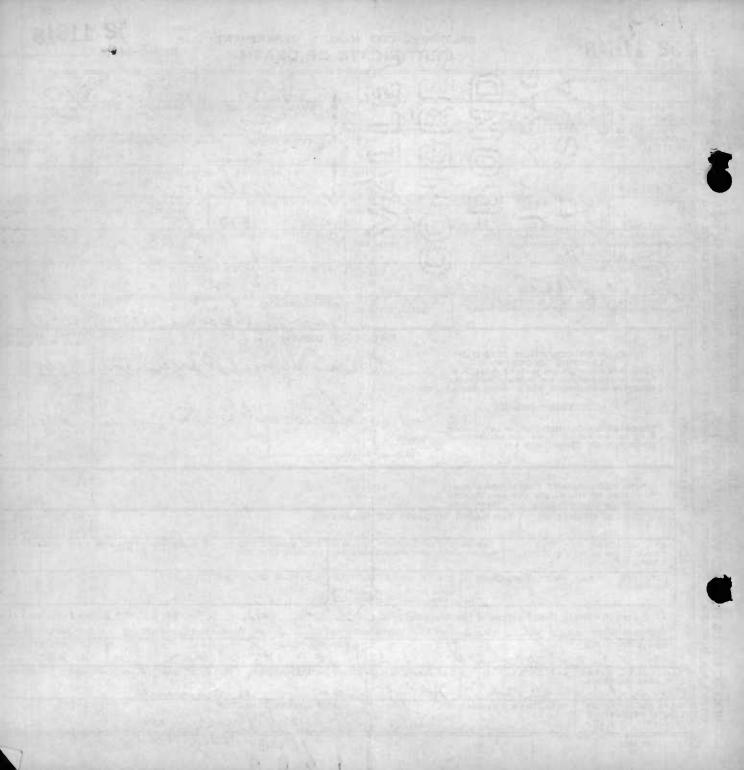
52 11616 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE M. Brunswick (Type or Print) supplied. Lyene DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1aryland Gen. Hospita, D. STREET ADDRESS Yrs. (If rural, give location) Mos. wood c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | H Under 1 Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) should 10A. USUAL OCCUPATION (Givekind of) 11 BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY information 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. Kochler 20792 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war SECURITY NO. 520 N causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH of Gall Blodder 4-6 100 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. rom basis (Post of) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Decubitus Vleers. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF important. Bladder. YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, fectory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 10/2 8 1952, to 12/20 . 1952 that I last saw the WRITE 1952, and that death occurred at 6: . • Am., from the causes and on the date stated above deceased alive on 19 23A. SIGNATURE 23B. ADDRESS 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE (State) Dur-set DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



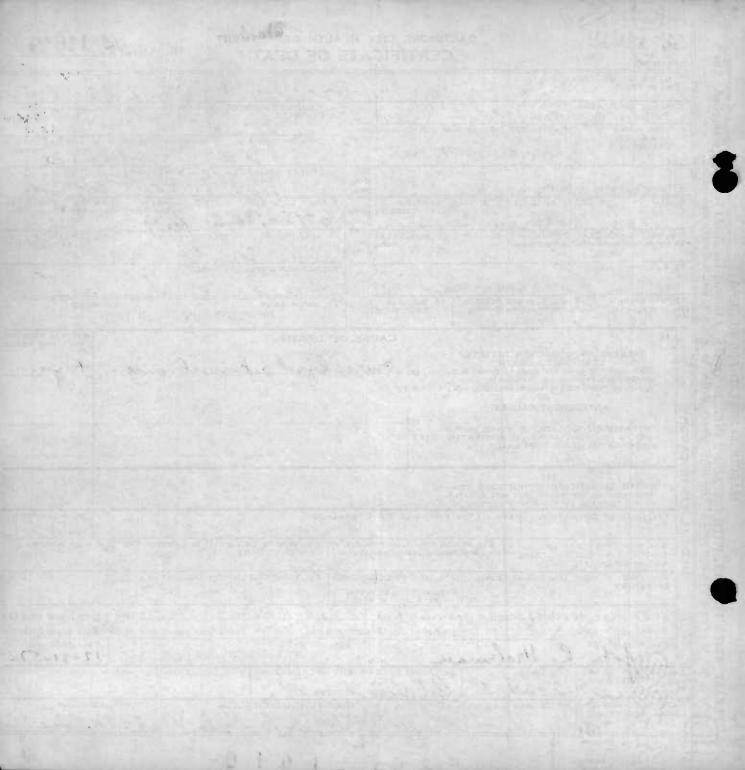
52 11617 BALTIMORE CITY HEALTH DEPARTMENT 164149 Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 12.20.52. Victor Heim supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY Maryland (If not in hospital or institution, give street address or Baltimore City Hospitals HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mog 914 N. Luzerenc Ave City c. Length of stay in Baltimore L ife Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH information should is of death clearly an M ale White 0 ct. 17. 1871 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Heim Margaret H eld 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Records SECURITY NO. Baltimore City Hospital 4940 Easten INTERVAL BETWEEN 18. y item CAUSE OF DEATH 6. 903.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma Of Liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Generalized Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING Fracture L eft Femir RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. Paralytic Ileus CERTIFICATION APPROVED BY OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. Oct.17.1952 Fracture Left Femur 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm factory, street, fice bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 52 PLEASE WRITE PL. 10 16.52. \_, 19\_\_\_ 22. I hereby certify that I attended the deceased from\_ that I last saw the deceased alive on 12.20 19\_52. and that death occurred at 8.10amn., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave 12.20.52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Dura DATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1 Hr. 4-2004 Chl. VS 150 e Approved By Medical Examiner 2001110

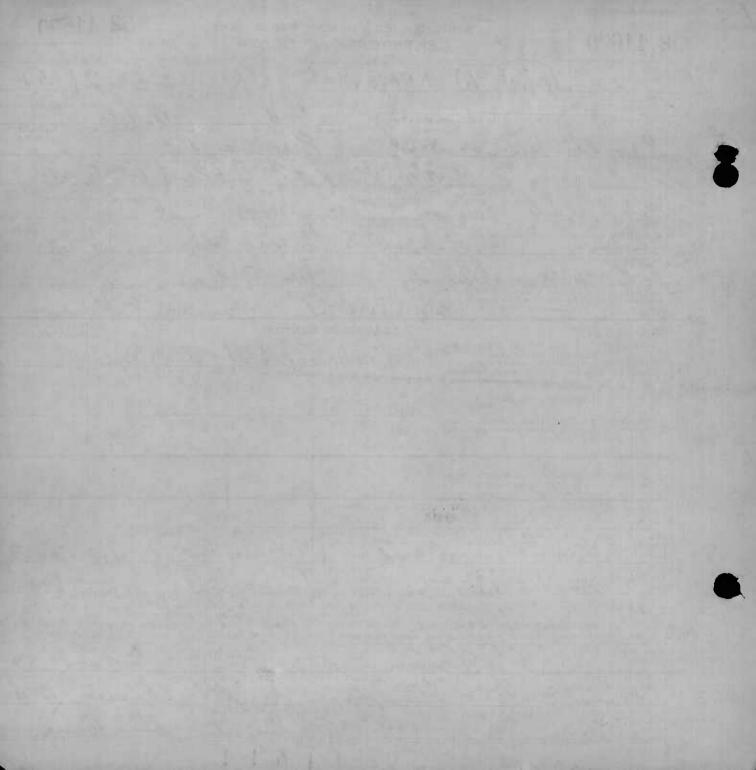
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52 11618 BALTIMORE CITY HEALTH DEPARTMENT 52 11618 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1728 6 A. STATE C B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rupal, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH 9. AGE (In years | If Under | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. If Under 24 Hours WIDOWED: DIVORCED (Specify) information should of death clearly an 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11\_BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? use Wi ATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 7. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. item 477.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 1952 to Dec . 21, 1952 that I last saw the Ort. 20 22. I hereby certify that I attended the deceased from\_\_\_ PLEASE WRITE . 1952 and that death occurred at 5 f. m., from the causes and on the date stated above. deceased alive on 12-21 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR OREMATORY 24B. DATE 24D. LOCATION (City, town, or county) curral DATE RECEIVED BY SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



Registered No. 11619 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) II Under 1 Year 9. AGE (in years If Under 24 Hours last birthday) | Months | Days | Hours | Min. plnods -0 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unkoowo) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT (Yes, no or unkoowo) SECURITY NO. JOHNS HOPKINS HOSPITAL /yo 18. 45010 INTERVAL BETWEEN y item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (1) Hunsliped actionly LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ..... RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY TE PL especially WHILE AT NOT WHILE AT WORK WORK 1952 to 12 - 21 - , 1957 that I last saw the 22. I hereby certify that I attended the deceased from 12 - 18. PLEASE WRITE correct age is esp 21-19 52 and that death occurred at 1/:15 m., from the causes and on the date stated above. deccased alive on 12 -23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITA 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C\_NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) DATE RECEIVED BY 25, FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



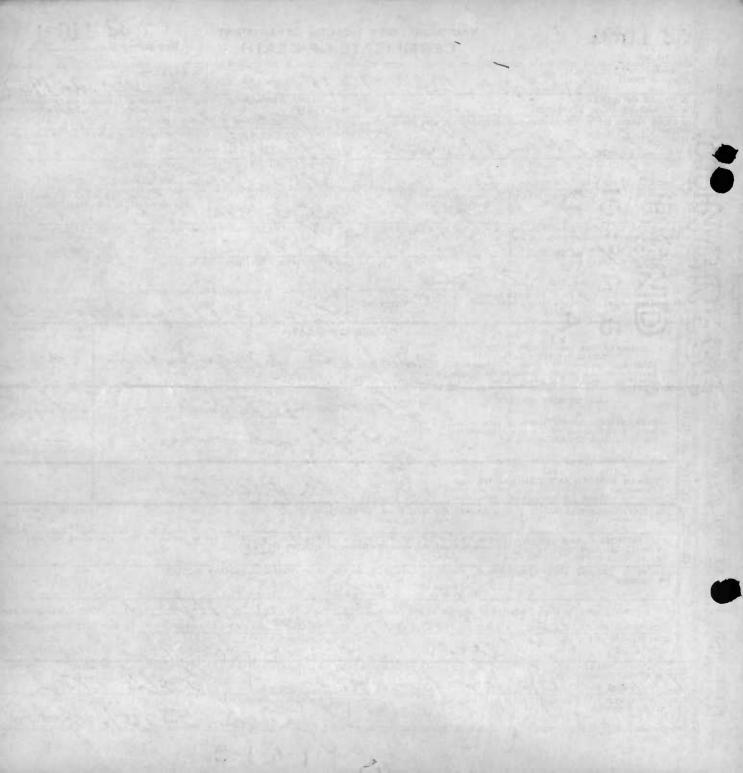


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Registered No. 11622 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) Meyerhoffer CLUE Dec. 21, 1952 DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Union Memorial Hospital legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3402 White Avenue c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Montha: Days | Hours | Min. If Under 24 Hours ld be Dec. 10,1892 60 Male White should 11. BIRTHPLACE (State or foreign country) clearly 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) Cross Keys, Virginia employed Painter information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Rogers Andrew J. Meyerhoffer BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Delta Meyerhoffer, 3402 of INTERVAL BETWEEN CAUSE OF DEATH 18. 422.1 ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovascular disease heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) ANTECEDENT CAUSES Cerebral hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X important, 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE ecially AT WORK WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above esp WRITE and death in my opinion resulted from: natural causes X, accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ...... Dec. 22, 1952 MEDICAL INVESTIGATOR PLEASE 2 C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) correct Baltimore 52Moreland Mem, Burial DATE RECEIVED BY CTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 5305 Harford Ruck, V S 151 6

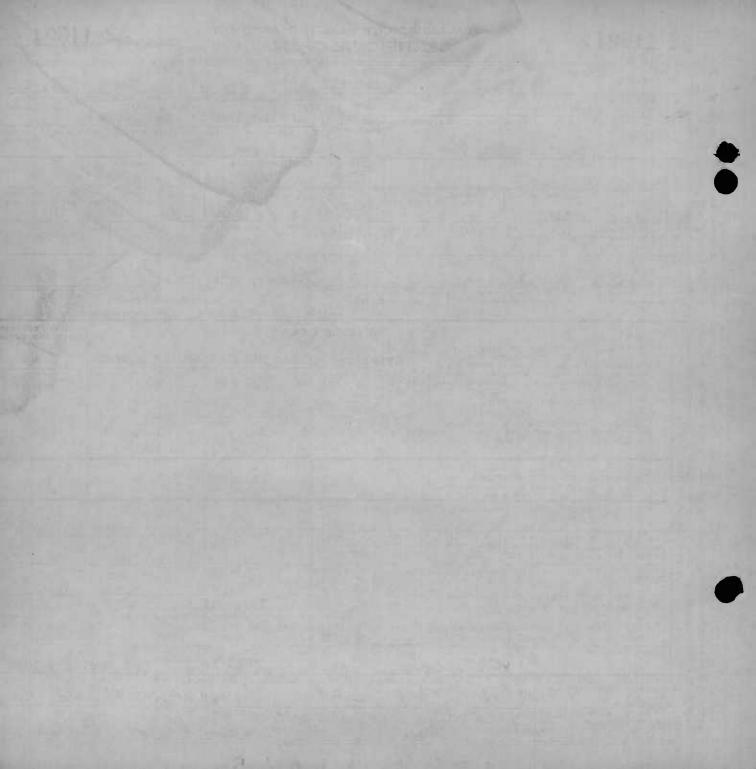
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FI AND FR 52 11623 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASES (Type or Print) 2. DATE OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland H ward HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Ellicott City Yrs. D. STREET ADDRESS (If rural, give location) Mos Days c. Length of stay in Baltimore Columbia Road 8. DATE OF BIRTH Approximat 5. SEX 6. COLOR OR RACE SINGLE, MARRIED WIDDWED, DIVORCED (Specify) 7. SINGLE. 9. AGE (In years) If Under 1 Year Il Under 24 Hours last birthday) Months Days Hours Min. information should s of death clearly an 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired? INDUSTRY WHAT COUNTRY? Virginia At Home None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph D. May Liddie V. Dove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. No Mrs. E. Winstead, Ellicott City, Md. of item 18. 420.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE DF OPERATION 20. AUTOPSY (If in Maltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT P 19.52 to 22. I hereby certify that I attended the deceased from 192 that I last saw the PLEASE WRITE correct age is esp deceased alive on 12/2/ 1952, and that death occurred at\_ 2 m., from the dauses and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 240. LOCATION (City, town, or county) 12-24-52 Burial Good Shepherd Ellicott City, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR qualus-F.C. Higinbothom, Ellicott City, Md. VS 150 : 1 maghiner 0 1 0

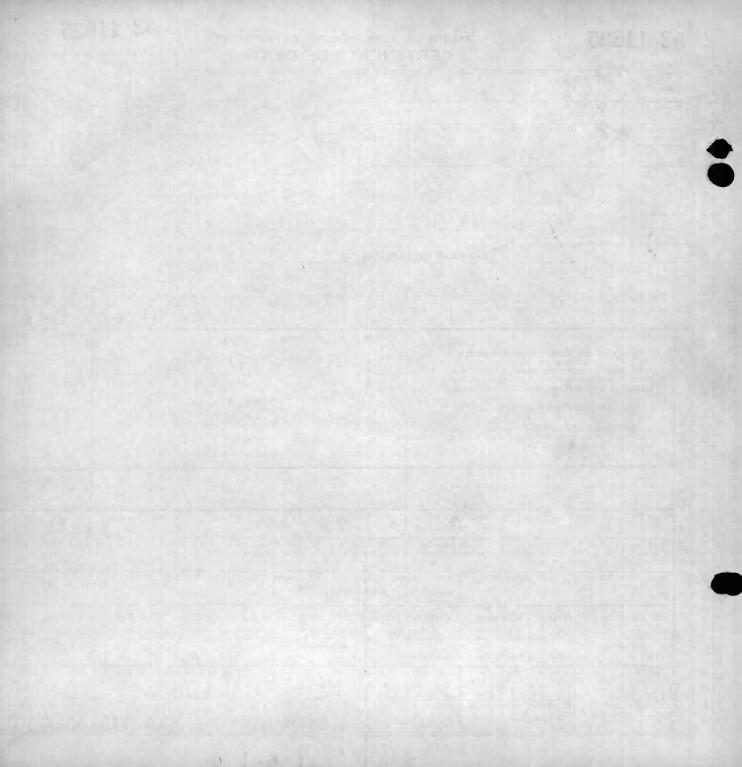
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11624 CERTIFICATE OF DEATH BIRTH NO The 1. NAME OF DECEASED 2. DATE (Type or Print) WILLIE H. SHEARER December 22, 1952 DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals Essex D. STREET ADDRESS (If rural, give location) legibly. Yrs. Mos. 5028 Orville Avenue c. Length of stay in Baltimore Days 9. AGE (In years | ff Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH should be WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Give kind of 1. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL HOME ADDRESS 17. INFORMANA (Yes, no or unknown) SECURITY NO. causes 18. 1122.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION NO X YES important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE ecially WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above WRITE and death in my opinion resulted from: natural causes X, accident □, suicide □, homicide □, undetermined □. 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. Dec. MEDICAL INVESTIGATOR ... PLEASE 24A. BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town or county) TION REMOVAL (Specify) correct Morrer ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151

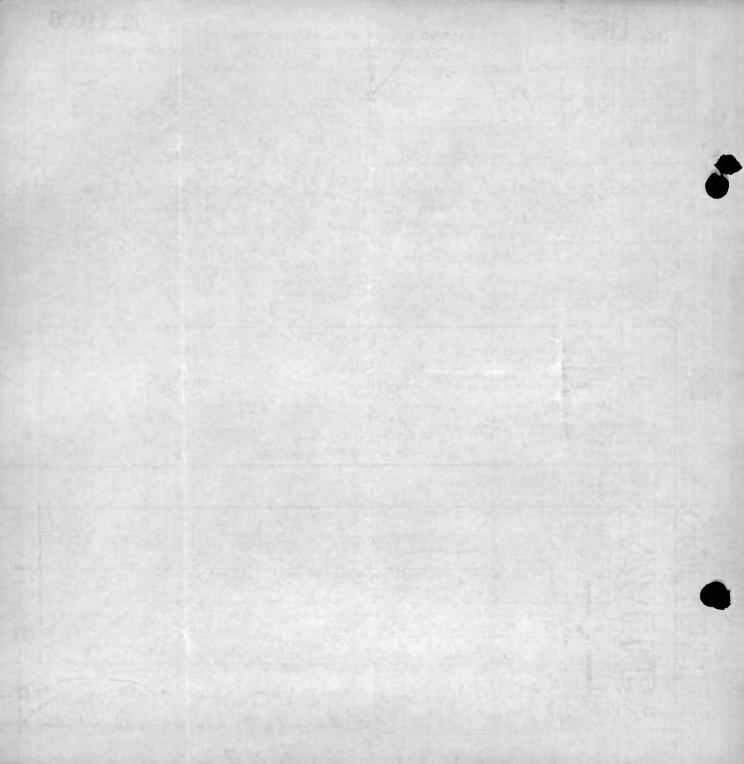
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52 11625 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN Of outside corporate limits, write RURAL and give INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days learly and 5. SFX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) If Under 24 Hours S. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months: Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of ACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRA WHAT COUNTRY? information 13. FATRER'S NAME 14. MOTHER'S MAIDEN NAME rul 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes 18. item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE GEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY terned Bereton MY, WITH important. Celonino (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or ) 21c. WHERE DID EDI LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY PLEASE WRITE PLAN NOT WHILE 45 19 5260 22. I hereby certify that I attended the deceased from Dec/C 22, 1957, that I last saw the deceased alive on Lec 22, 1952, and that death occurred at A.m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B: DATE 246. LOCATION (City, town, or county) (State) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150

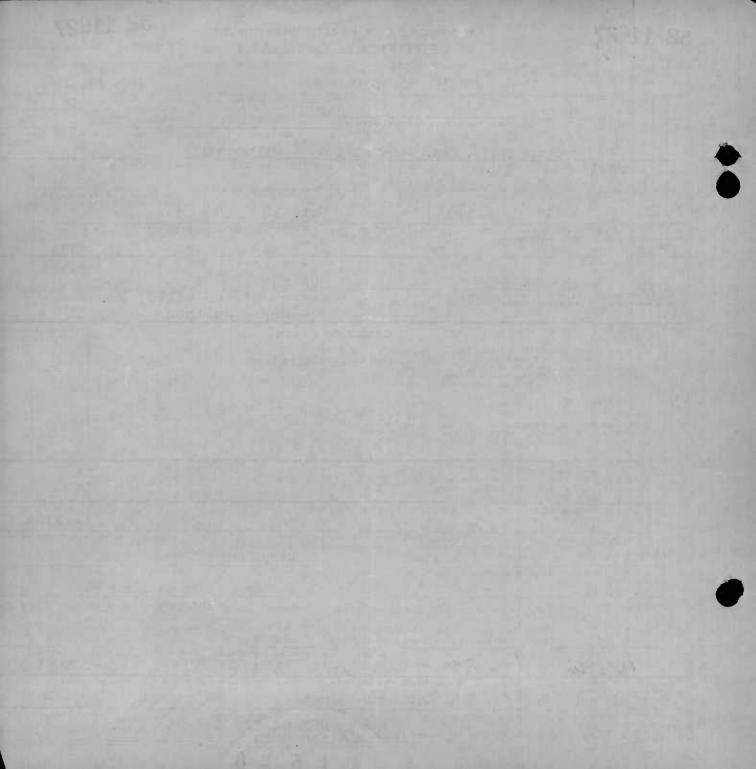




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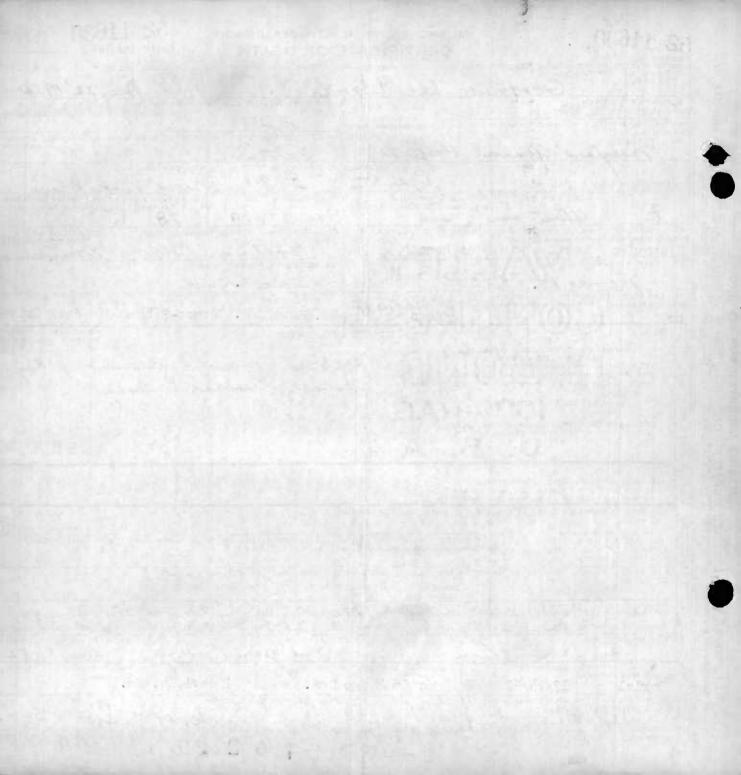
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH Dec. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (Tryears If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) information shoun 90-Norred 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWOI'K INDUSTRY WHAT COUNTRY? at Home Virginia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. JONNIS HOPKINS HOSPITAL causes 7-18-5279 item CAUSE OF DEATH NTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH of Ceruy aten Every write th (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOBSY LY, WITH important. 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WORK AT WORK 1952 to , 1952 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 12/21, 19 52, and that death occurred at 5.10 Pm., from the causes and on the date stated above. PLEASE WRITE correct age is esp 23A. SIGNATA JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE Carmel Geme tery burial Baltimore. Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR HENRY SANDER & SONS, INC. untinglow VS 150

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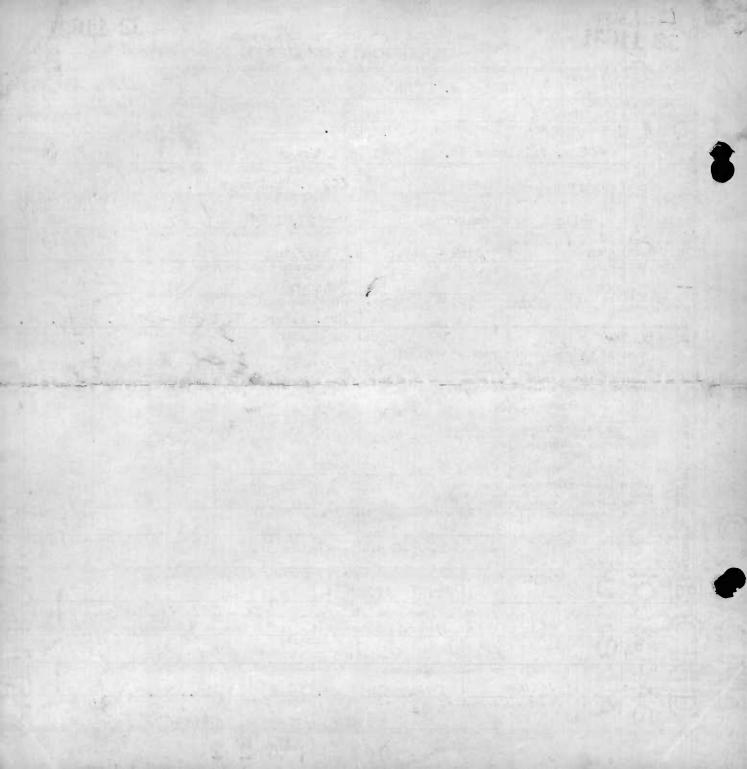
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE (Type or Print) DEC 22,1952 THOMAS W. LYDON OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or Mo B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 602 W. Baltimore St. Raltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 602 W. Baltimore St. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years If Under 1 Year last birthday) Months; Days Hours; Min. May 27, 1885 male married 10A. USUAL OCCUPATION (Givekind of | 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Self Employed Junk - Paper Bus. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lydon Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Alberta T. Lydon - 602 W. Balto. St. 18. 422,1 CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY RTERIOSCLE ROTIC LEADING TO DEATH 10 YEARS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, CARDIOVASCULAR DISEASE injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE YONK 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY PLEASE WRITE PLACE Correct age is especially NOT WHILE 22. I hereby certify that I attended the deceased from AVG. 3, 1952, to DFC. 22, 1952, that I last saw the DEC 10 1952, and that death occurred at 5:00 hm., from the eauses and on the date stated above. deceased alive on\_\_\_\_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURTAL, CREMA-TION, REMOVAL (Specify) Burial 12/26/52 Loudon Park Cem DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Inertryclon

VS 150



52 11632 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BEUERLY DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNIVERSIT Brooklyn.

D. STREET ADDRESS (If rural, give location) Yrs. Mos. 515 Hammon Lane c. Length of stay in Baltimore Days on should be 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years if Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Jan. 28, 1911 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Engineer Building Construction Virginia death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emory Beverly Launa Barker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or detes of service) jo 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes no Mrs. Jennie M. Beverly - 515 Hammon Lane INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH EREBRAL GOEMA Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHIOMA - BY FRONTAL LOBE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Y, WITH important. 40BE (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially AT WORK 22. I hereby certify that I attended the deceased from 12-15 to 12 - 21, 195 2 that I last saw the PLEASE WRITE correct age is esp deceased alive on 12-2 ( , 19 52 and that death occurred at Em., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24C. NAME OF CEMETERY OR CREMATORY 245. LOCATION (City, town, or county) Wise Cem. Wise Co.. 12/21/52 Va. Removal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

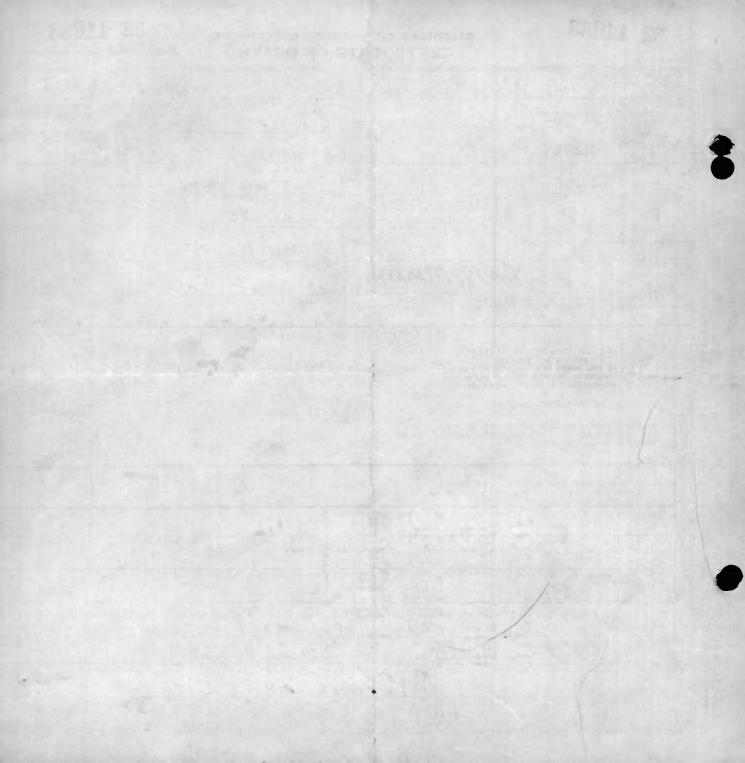
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-436 52 11633 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. MRS. NELLIF GOLDRICK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MARYLAND RALTIMORE (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION HOSPITAL MERCY township) BALTIMURE Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1525 Woodbourne Avenue c. Length of stay in Baltimore Davs should be 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH fi tinder I Year 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Widowed IOA. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information s Housewite 49 L 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ACONNELL HTHERINE EG AN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. (20. DRIC 1000BOURNE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WELDS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Nephroscherosis ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY PLEASE WRITE PLAIS correct age is especially AT WORK 22. I hereby certify that I attended the deceased from Dec. 3 , 1952, to Dec. 21 , 19 5, that I last saw the . 19 52, and that death occurred at 5 2 Pm., from the causes and on the date stated above. deceased alive on Dec. 21 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24. LOCATION (City, town, or county) URIAL ARKWOOD 10-74-14 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS VS 150



52 11634 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 12-22-52 JOHN BRUNS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City. Maryland B. COUNTY before admission) Md . B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits rite RURAL and give INSTITUTION township) Balto. 948 Webb Court D. STREET ADDRESS (If rural, give location) Yrs. Mos. 948 Webb Court c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Married 1880 Male White IOA. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Self Germany Carpender 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. n0Miss Johanna Bruns 18. 443X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Hypertensive cardiovas cular Dis 10 ys.
Osteo arthurs left hips hue ? ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 5-4.50, 19, to 12.20, 155 that I last saw the \_\_\_\_, 1955 and that death occurred at 4 Am., from the causes and on the date stated above. deceased alive on 12.20 23A. SIGNATURE 23c. DATE SIGNED 404 E. North ave 24A. BURIAL, CREMA TION, REMOVAL (Specify 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE 12-24-52 Cathedral Cem Burial 2 AUDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECT untruston 80 SON AVE & ZZND 1010 VS 150

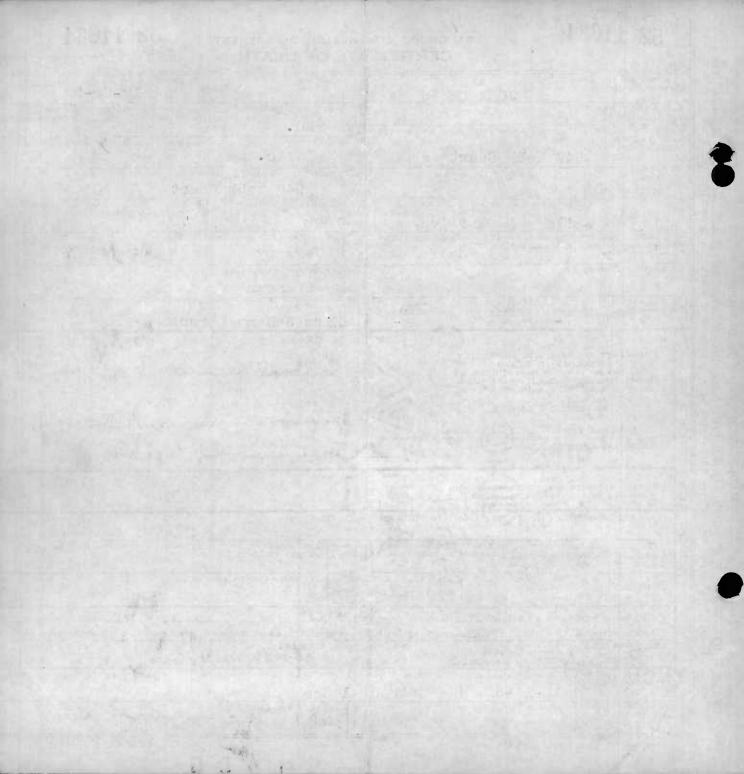
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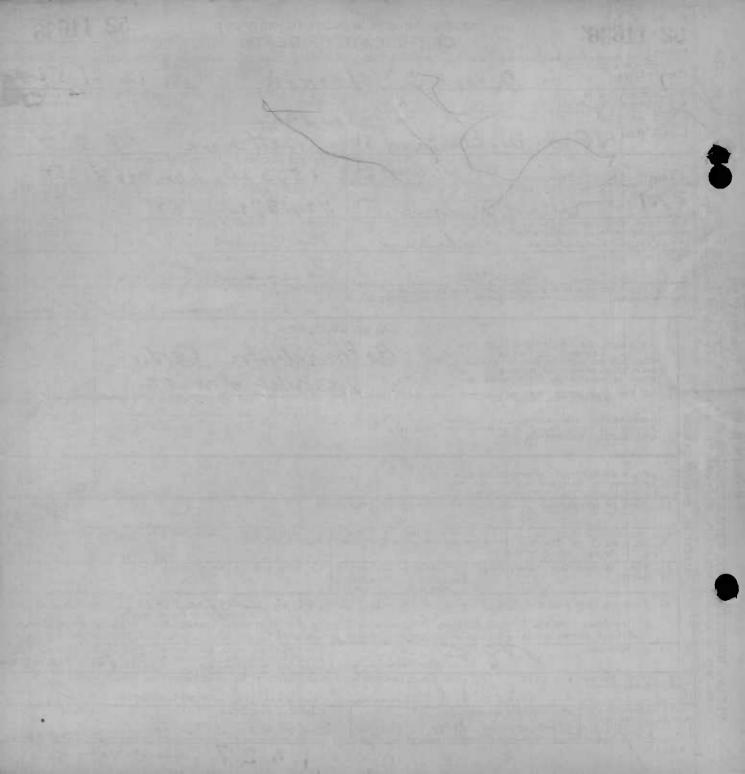
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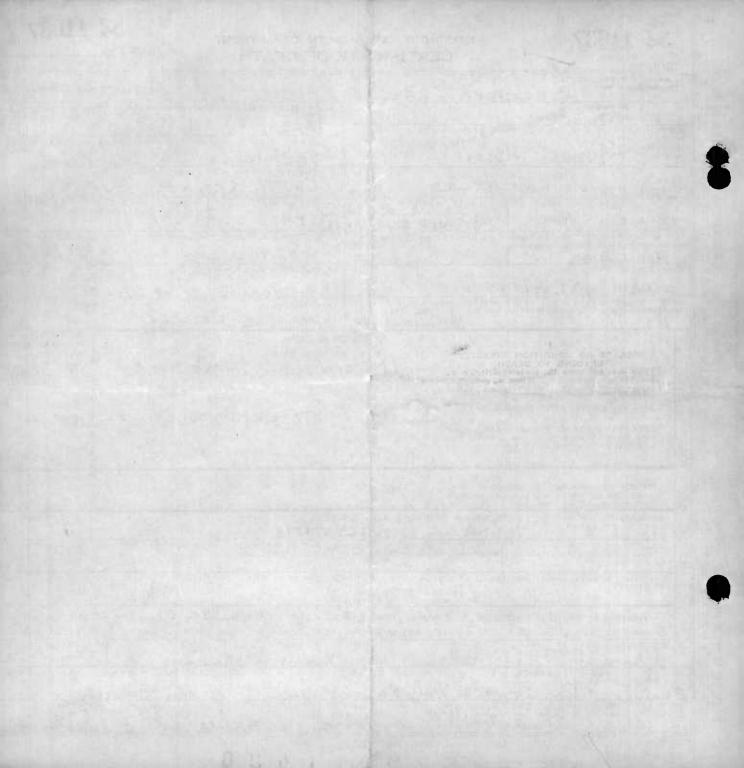
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	C - 65	52 11638	BAL	TIMORE CITY HE	EALTH DEPARTMENT	r 52 Registered	11638 No.
1. (T	NAME OF D 'ype or Print)		us Eus	gene Carmich	ael	2. DATE OF DEATH DE	c.22,1952
А. В. НО	PLACE OF D Baltimore ( FULL NAME OSPITAL OR ISTITUTION	EATH: City, Maryland B OF (If not in hospit	altimo	ore ion, give street address or location)	A. USUAL RESIDENCE A. STATE Md.		If institution: residence before admis
L	9 Q	Anderson's	Nursi	ng Home  Yrs.  Mos. Days	Baltimore  D. STREET ADDRESS (1)  3218 Bright		town
	Male	6.COLOR DR RACE		MARRIED, ED, DIVORCED (Specify) Wer	8. DATE OF BIRTH	9. AGE (in years)	if Under 1 Year If Under 24 Aonths Days Hours
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  Painter  Private		11. BIRTHPLACE (State or Baltimore, M		12. CITIZEN OF WHAT COUN			
13. FATHER'S NAME Eugene Carmichael		14. MOTHER'S MAIDEN  Margaret S					
Yes	NO O	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT George Wheel		address
Z	(This does heart failu injury or	SE OR CONDITION LEADING TO DEAT not mean the mode ore, usthenia, etc. It mea complication which o	TH f dying, e. g ns the discass aused death	CAUSE (A) OUE TO		Brightwood Andragae E Andrae	
2	DISEASES	OR CONDITIONS, IF	ANY, GIVIN	G	_		

Trouse UNDERLYING CONDITION LAST. ERTIFICA

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER about home, farm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

REGISTRAR'S SIGNATURE

21E. INJURY OCCURRED WHILE AT

NOT WHILE AT WORK

WORK . 1952, that I last saw the 22. I hereby certify that I attended the deceased from 1951, and that death occurred at 4 h.m., from the causes and on the date stated above. 23c. DATE SIGNED 238. ADDRESS

21F. HOW DID INJURY OCCUR?

24A. BURIAL CREMA TION, REMOVAL (Specify) Burial 24B, DATE 12-24-52

deceased alive on 12 12

24c. NAME OF CEMETERY OR CREMATORY Anne!

Annapoli 25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

ADDRESS

(If in Baltimore City, give exact location)

sion) give ship)

House Min.

VEEN

EATH

20. AUTOPSY

LOCAL REGISTRAR VS 150

DATE RECEIVED BY

23A SIGNATURE

OF INJURY

Heights

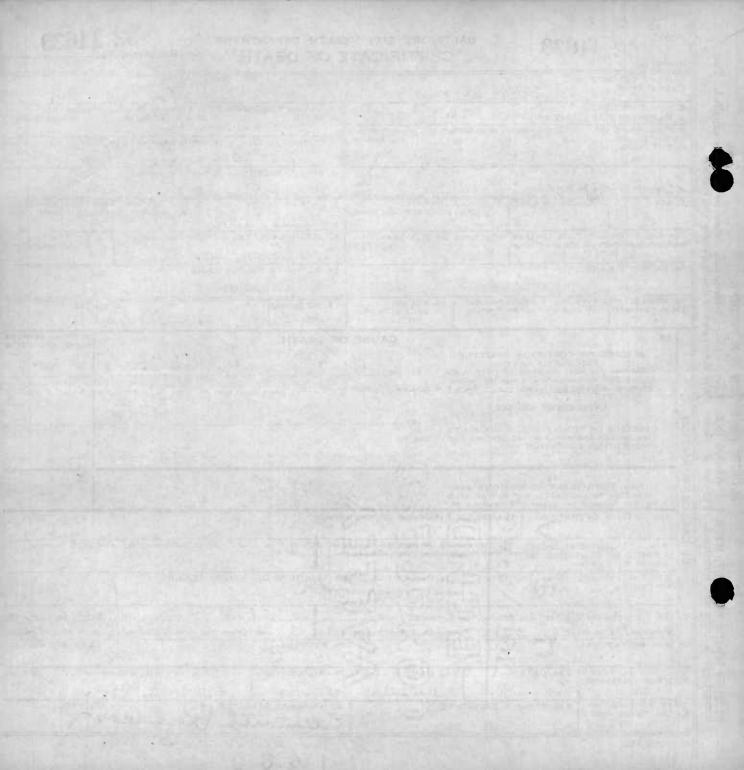
6-6 SIRTH NO.	116
. NAME OF D Type or Print)	ECEASE
B. PLACE OF D Baltimore (	City, M
EFULL NAME HOSPITAL OR NSTITUTION	OF (I
Length of s	tay in I
s. sex F	6. COL
OA. USUAL OC	

## BALTIMORE CITY HEALTH DEPARTMENT

52 11639

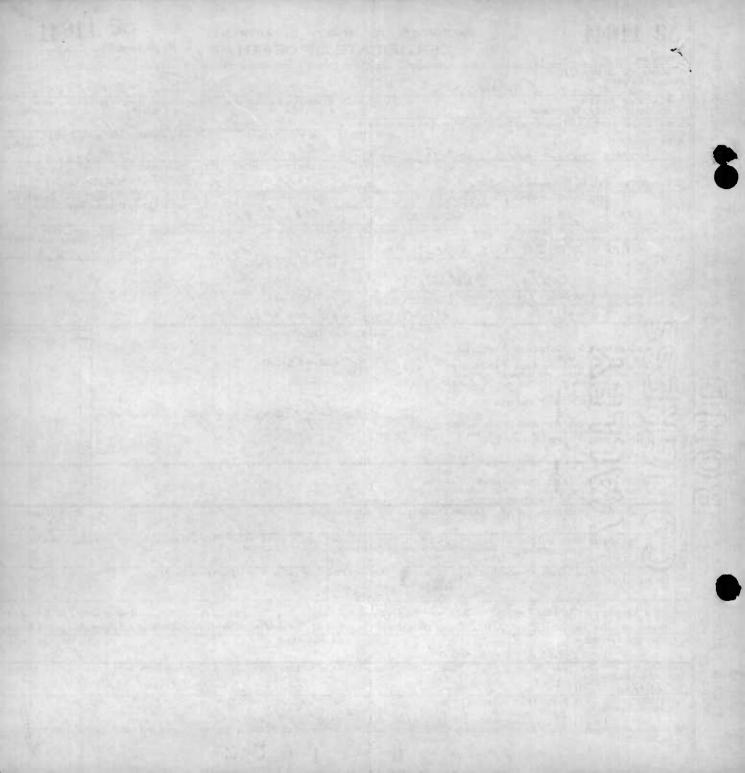
	BIRTH NO. CERTIFICATE OF DEATH Registered No.				
	1. NAME OF DECEASED (Type or Print)  Anna Mary Eder	2. DATE OF Dec. 18, 1952			
	a. Baltimore City, Maryland 5000 Levindale Rd.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)			
	Yrs.	D. STREET ADDRESS (If rural, give location)			
0	c. Length of stay in Baltimore Life Mos. Days	5000 Levindale Rd.			
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH June 11, 1887  9. AGE (In years of Under I Year Months) Days Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At home	11. BIRTHPLACE (State or foreign country)  Lansdowne, Md.			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Unknown	Unknown			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnkaown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.   NOne	John Eder 507 Sudbrook Rd.			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	to Mells tus about you			
U TO THE DISEASE OR CONDITION CAUSING IT.					
	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?			
	U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)			
	Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  m. WILE AT WORK AT WORK				
	22. I hereby certify that I attended the deceased from ,191, to 12, that I last saw th				
I	deccased alive on Declary and that death occurred at m., from the causes and on the date stated at				
	July 6 Bluck M.D.	38. ADDRESS PLISTOSTIANIAN 230. DATE SIGNED			
	248. DATE TION, REMOVAL (Specify) Burial  248. DATE Dec. 22,  Lorraine C				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ANDRESS					
	Walter State of the State of th	1600 Liberty Heb ts. Ave. 7			

63

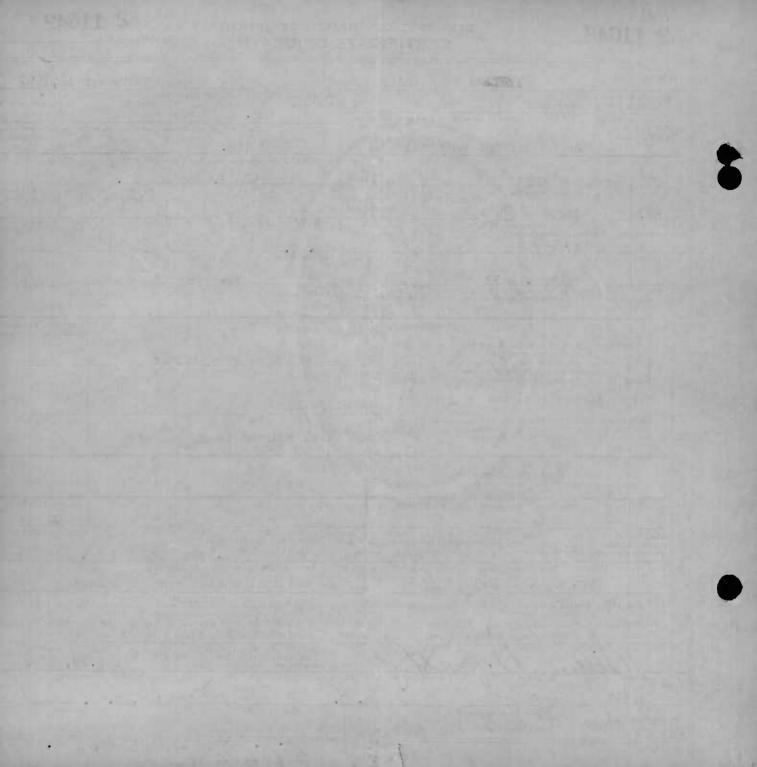


or administration 

52 11641 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Clemons supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, 'Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNDALK D. STREET ADDRESS Yrs. (If rural, give location) Mos. HELEND 5%. c. Length of stay in Baltimere JUNDALK Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years it Under I Year last birthday) Months; Days Hours: Min. OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) should learly an MARRIED 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY information s of death cle ABOR & MINER VIABINIA West 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RANK CLEMONS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) ] SECURITY NO YALMER CLEMONS 203-20-476 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY lig vent Hyperlin sion LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH NO 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE! PLA 2/8 195 2-to 12/2/ 22. I hereby certify that I attended the deceased from . 1952 that I last saw the PLEASE WRITE deceased alive on 12/2/, 19 52 and that death occurred at 4: 3 Tm., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or county) TION, REMOVAL (Specify) CLINTON VILLE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



52 11642 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF IZELL DEATH December 18,1952 DALL supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital Balto. legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1508 E. Madison St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | Months | Year | Monder 24 Hours | last birthday) | Months | Days | Hours | Min. and WIDOWED, DIVORCED (Specify) should Colored Male 1977 11. BIRTHPLACE (State or foreign country) clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Laborer information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Chas. Dall BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes. no or unknown) (If yes, give war or dates of service) SECURITY NO No Parks Flanagan causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute interstitial myocarditis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RESERVED DUENTO ANTECEDENT CAUSES Cardiac Failure DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Superficial gunshot wound of back UNFADING Physicians: 1 (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION WITH important. EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING E CAUSE OF DEATH. about home. farm. factory.street. office bldg., etc.) INJURY OCCUR? street corner Ashland Ave. and Caroline St. 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY re PLATA especially i 6, 1952 9:30 AT WORK Was shot while crossing street WORK autopsy 22. I certify that I took charge of the remains described above, held an .. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes  $\Box$ , accident  $\Box$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . WRITE 23B. CHIEF MEDICAL EXAMINER... 23A. SIGNATURE MEDICAL INVESTIGATOR 24A. BERIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) correct Burial Williamston. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR untinglow



INSTITUTION

Iron Worker 13. FATHER'S NAME

(Yes, no or unknown)

no

5. SEX

male

information should be

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Every item

UNFADING Physicians: p

WITH

ERTIFICATION

Ü

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

OF INJURY

LYING□ OR CONTRIBUTING□

21D. TIME (Month) (Day) (Year) (Hour)

deceased alive on 20 1950

52 11643 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE JOSHUA R. HOWARD Dec. 20, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 723 N. Glover St. A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate simits, write RURAL and give Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 723 N. Glover St. 24 yrs. Days 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) AGE (In years if Under 1 Year | If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED DIVORCED (Specify) Oct. 4, 1880 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U.S.A. COUNTRY Rustless Iron & Steel Phila. Pa. 14. MOTHER'S MAIDEN NAME Joshua Howard unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO. Edna Klingr Howard, wife, above INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DUE TO TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

6. COLOR OR RACE

UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

> 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?

> > , 1952

\_m., from the causes and on the date stated above. 23c DATE SIGNED 8016/Ceusor 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Baltimore, Md.

ADDRESS

TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

VS 150

234 SIGNATURE

24A. BURIAL, CREMA- 248, DATE

Dec. 24, 1952 REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from

Parkwood Cemetery

NOT WHILE AT MORE

, and that death occurred at.

25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

23B. ADDRESS

PLEASE WRITE PI

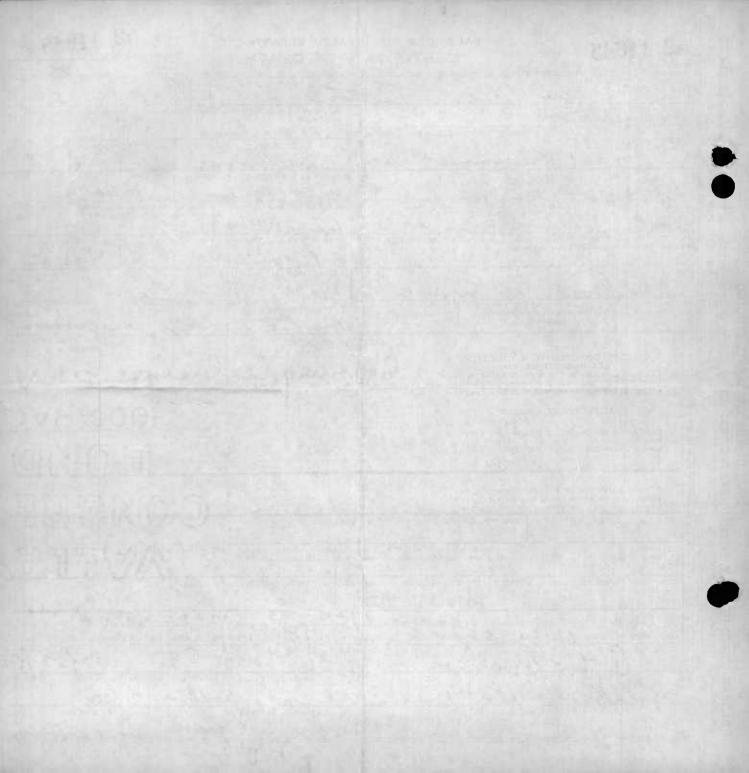
. HO LAND TO THE PROPERTY OF THE PARTY OF TH

52 11644 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE LOUISE ELIZABETH RIX December 20, 1952 (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 529 N. Kenwood Ave. A STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. 529 N. Kenwood Ave. 60 yrs. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | if Under 1 Year | if Under 24 Hours last birthday) | Months: Days | Hours | Min. information should be 8. DATE OF BIRTH July 18, 1882 female white married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home France U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Sattler unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. item of m Louis J. Rix - husband - above INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK , 19 1, to wee. So , 19 that I last saw the 22. I hereby certify that I attended the deceased from .... PLEASE WRITE correct age is esp deceased alive on are. to 190 > and that death occurred at 7 .m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Dec. 20, 1952 Baltimore, Md. Burial Holy Redeemer Cem. 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR .2601-3-5 E. Madison St. P 0 0 40 50 VS 150

9 (3 ) 1 1

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52 11646 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) WELSH, EDWARD 12-23-52 supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland MERCY HOSPITAL B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside copporate limits, write RURAL and give INSTITUTION YERCY HOSPITAL BALTIMORE Yrs. D. STREET ADDRESS (If rural, give/location) Mos. 4421 OLD YORK RUAD c. Length of stay in Baltimore Days Il Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Oct. 12, 1879 WIDOWER 1QA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 44. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 212-05-0443 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HEMORRHAGE (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, THROMBOCYTOPENIA injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 12-21-52 SPLENECTOMY reseller 218. PLACE OF INJURY (e. g. 1/2 or (If in Baltimore City, give exact Tocation) 210 WHERE DID 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK PLEASE WRITE PI 1952 to Dec 23, 1952 that I last saw the 22. I hereby certify that I attended the deceased from Lee deccased alive on 200 2 319 5% and that death occurred at 810 Am., from the causes and on the date stated above. 23A. SIGNATURE 238-ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY | 24d. AOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Cedar Hill 12/26/52 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

	S 116	17 166113	BA	LTIMORE CITY H		-	52 egistered N	11647
	NAME OF D	ECEASED				2. DA	TF	
	'ype or Print)	Pat Riek	ıl (He	nry B.)		DEA	TH 12-2	23-52
Α.		City, Maryland			A. STATE	В.	eased lived. If i	nstitution : residence before admission)
B. H	FULL NAME OSPITAL OR	Baltimore Cit	al or institut	tion, give street address of location	Maryland		rnorste limite	, write RURAL and give
IN	ISTITUTION	4940 Eastern			Baltimor		100	township)
c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRE			
5.	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specif;	8. DATE OF BIRTH			Under   Year   II Under 24 Hours   ths: Days   Hours: Min.
10	Male	White	Singl	e	Mar. 17, 18	67 82	-	
worl	no re		10s. KINE	D OF BUSINESS OR INDUSTR	Baltimore,		ntry)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	Rie	1.7	14. MOTHER'S MA	IDEN NAME		
15	. WAS DECEASI	D EVER IN U.S. ARMED		16. SOCIAL				
Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Records:	altimore (	City Hosp	pitals
ERTIFICATION	DISEASE: RISE TO T UNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication which complication is the complication of the	ns the diseas aused death SES F ANY, GIVIN STATING TI ST. TIONS COI	Cere  (B)  Maln  (C)	bral Vascular utrition	Accident		
U		F OPERATION 1		FINDINGS OF OPE	RATION		- 10-3	20. AUTOPSY?
CAL		0						YES NO
MEDIC	LYING OF		about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg	,etc.) INJURY OCCU	R?		ive exact location)
	21D, TIME OF INJURY		m.	21E. INJURY OCCURI		INJURY OCCUP	₹7	
	22. I hereb	y certify that I att live on 12-23	ended the	deceased from	12-23 , 1952	2, to 12-23	, 19_5	that I last saw the
	deceased a		_, 1924,	and that death occi	erred at 0:30Am.,	from the cause	es and on th	23c. DATE SIGNED
5		478	>hun (	Neu. M.D.	4940 Eastern			12-23-52
	AA. BURIAL, ON. REMOVAL (S	specify)	52	Western Ceme		Baltimor	e,	Maryland
T10	buria							
TIO	buria ATE RECEIVE OCAL REGIST DFC 23	D BY   REGISTRAR	SSIGNATI	Vllique- M.F.	25. FUNERAL DIR	ECTOR Duc.		ADDRESS . Paul Street

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before admission)

12. CITIZEN OF

USA

WHAT COUNTRY?

20 AUTOPSY

PLEASE WRITE correct age is esp 24A. BURIAL, CREMA-TION, REWOVAL (Specify 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

correct age is especially important.

PLEASE WRITE PL

52 11649

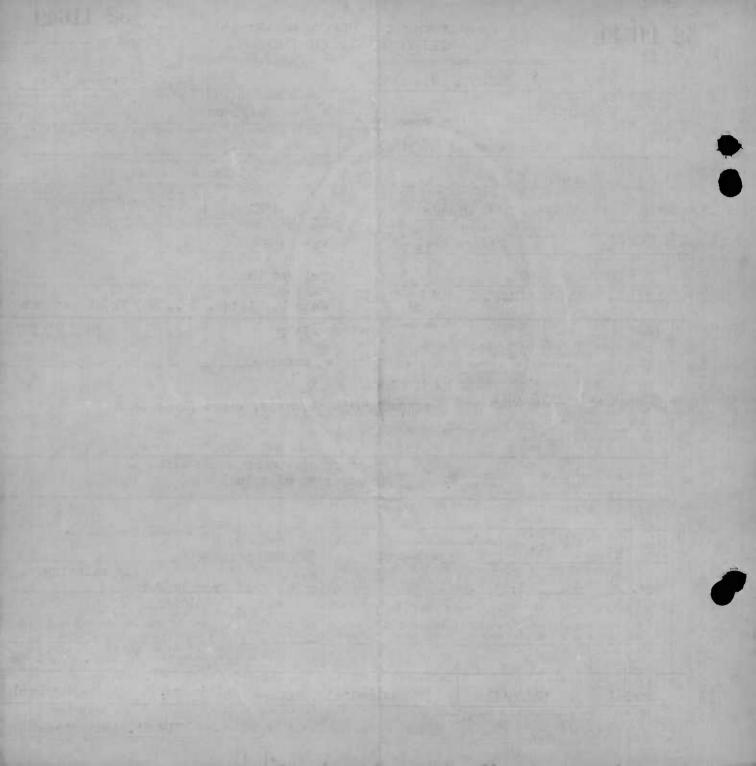
	11649				OF DEAT		ed No.
1.	NAME OF DEC		WONN T	PADIT.		2. DATE	22 1952
3.	PLACE OF DEA Baltimore Cit	TH:	CHONY J. 1		STATE	ENCE (Where deceased live	ec. 22, 1952  cd. If institution: residence before admission
B. H	FULL NAME OF		institution, give st	ect address or	Mar.	yland	limits, write BuRAL and g
IN	ISTITUTION	Union Mem	orial Hospi			timore 2	townsh
	Length of sta	y in Baltimore		Mos. Days	573	5 Govane Avenue	e
	Male 6	White	SINGLE, MARRIE WIDOWED, DIVOI Widowed		About 1884	last birthday	rs   fi Under 1 Year   fi Under 24 He   Months Days   Hours Mi
worl	A. USUAL OCCL	PATION (Give kind of orking life, even if retired)	elds Taver	INDUSTRY	1. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTR
13	Bar	tley Kane		1	4. MOTHER'S MA Bridget Hu		
15 (Ye	s, no or unknown)	EVER IN U.S. ARMED FO (If yes, give war or dates of	RCES? 16. SOC service) SEC	IAL URITY NO.	7. INFORMANT John H. Fi	elds, Sr., 803	ADDRESS McCabe Avenue
ATION	(This does n heart failure, injury or co Al DISEASES (	OR CONDITION DII EADING TO DEATH ot mean the mode of d asthenia, etc. It means a mplication which caus  NTECEDENT CAUSES  OR CONDITIONS, IF AI ABOVE GAUSE (A) ST IG CONDITION LAST.	ying, e. g., (A. he disease, ed death.)  (B. YY, GIVING ATING THE DUE	Thrombo	ry embolus	right iliac ve	in
ERTIFICA	TRIBUTING T	II NIFICANT CONDITION O THE DEATH, BUT NO CASE OR CONDITION CA	RELATED		e of lumbar tion of spi	spine with nal cord	
L C	19a. DATE OF	OPERATION 198.	MAJOR FINDING	S OF OPERAT			YES X NO
MEDICA	21D. TIME (Me	Onth) (Day) (Year) (Ho		ent ent RY OCCURRED	805 McCab	R?	City, give exact location)  27-10  le painting
	the evide	h in my opinion res	id Autopsy, Ins	peetion or Inc	quiry, find that	autopsy Autopsy, Inspection or Inq said deceased died o suicide □, homicide	in the day stated abor $\square$ , undetermined $\square$ .
	23A. SIGNATU	liam V so	viets	M.D	ASSISTANT MEDICAL INV	EDICAL EXAMINERX EDICAL EXAMINERX ESTIGATOR	
TI	AA. BURIAL, CRE ON REMOVAL (Spec burial	248. DATE/ 248. DATE/ 12/26/52			Cemetery	Baltimore,	town, or county) (State Maryland
D	ATE RECEIVED	BY   REGISTRAR'S S		2	5. FUNERAL DIR	0	ADDRESS Paul Street

DATE RECEIVED BY LOCAL REGISTRAR V S 151

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Inc. 1217 St. Paul Street



52 11651 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. GEORGE WASHINGTON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write BURAL and give C. CITY OF TOWN INSTITUTION should be care p. STREET ADDRESS (If rural, give location) IIS. Moo. c. Length of stay in Baltimore Days 5. SEX 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED. last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KND OF BUSINESS OR Worldone during most of working life, examine tired) INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTR information death 13. FATHER'S NAME NAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11

21p. TIME (Month) (Day) (Year) (Hour)

194. DATE OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

HOMICIDE

OF INJURY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

OUE TO

21c, WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

20. AUTOPSY

22. I hereby certify that I attended the deceased from 11-29 \_\_\_, 1957-to\_ '2 - 23 \_\_, 1957-that I last saw the deceased alive on 12 - 23, 19 5 Land that death occurred at 7:20 Pm., from the causes and on the date stated above.

198. NAJOR FINDINGS OF OPERATION Carlingma of appella of later

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

chyin 21E. INJURY OCCURRED

WHILE AT

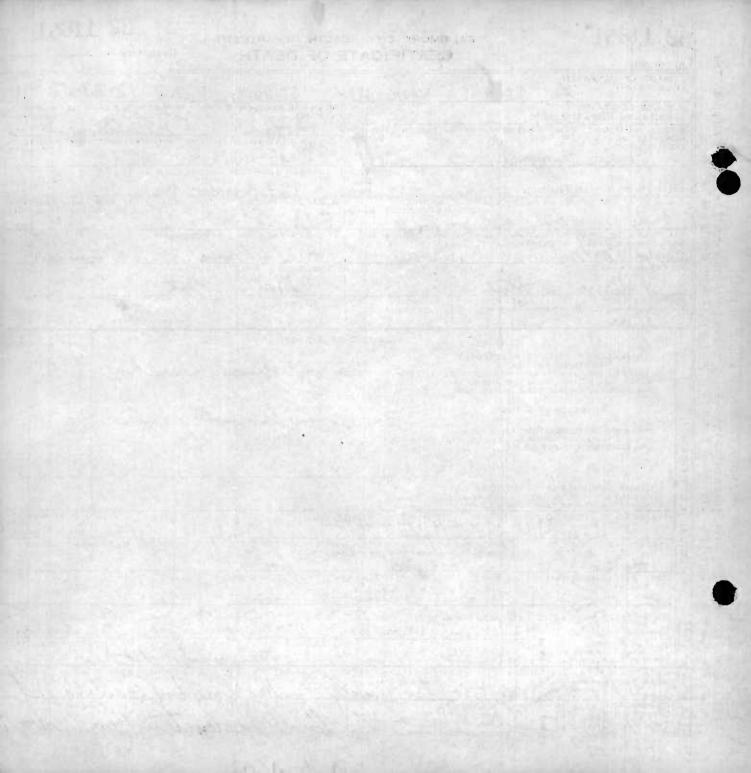
DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

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UNFADING Physicians: p

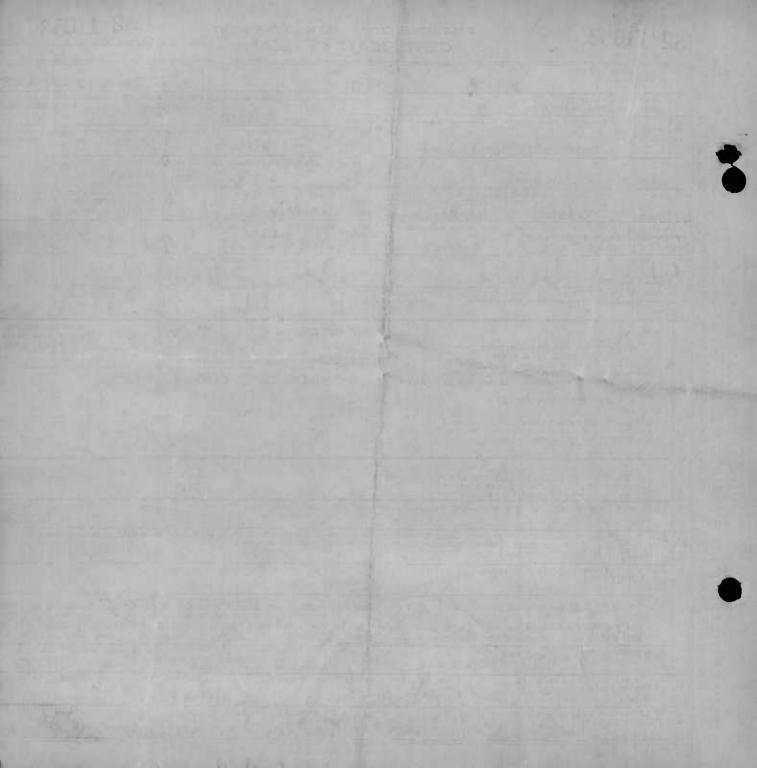
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MEDICAL important.



- (	CERTIFICATE CORRECTED	12-30-52	
	CERTIFICAT	E OF DEATH Registered N	11652
1.	NAME OF DECEASED JOSEPHINE DAER	2. DATE OF DEATH /2	123/50
A	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If	nstitution : residence before adm ssio
H	DISPITAL OR University Hospital		, write RURAL and gi townshi
	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  332 East Patrick Street	6011
	F 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	May 16, 1888   last birthday) Mon	Under 1 Year If Under 24 Hounths Days Hours Min
work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) HOUSEWIFE  A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTR
	W. Emory Stockman	Annie E. Whisner	
15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown)  (If yes, give war or dates of service)  NO.	Richard P. Baer, 332 E. Patri	or Frederick, lick St.
FICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		7
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mellitus + Post. Op. Umbilie	
EDICAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	in or   21c. WHERE DID (If in Baltimore City, g	YES NO [ ive exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURF OF INJURY WHILE AT WORK AT WORK		
		2/16 , 195) to 12/23 , 1952 red at 5 P.m., from the causes and on the 23B. APDRESS 1	that I last saw t e date stated abou 23c. DAJE SIGNE
THE	AA. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)  ATE RECEIVED BY   REGISTRAR'S SIGNATURE	a Catholic Ferederick	or coupty) State
	PC 24 1952 Huntington Williams, M.	MR Chister Yson	06E Chro
	0 5 2 8 0	1643 7	colonick M

maring mount F. Vindrase Aver 24, 150 St. Johns Sutinis Frederick ... Frederick His



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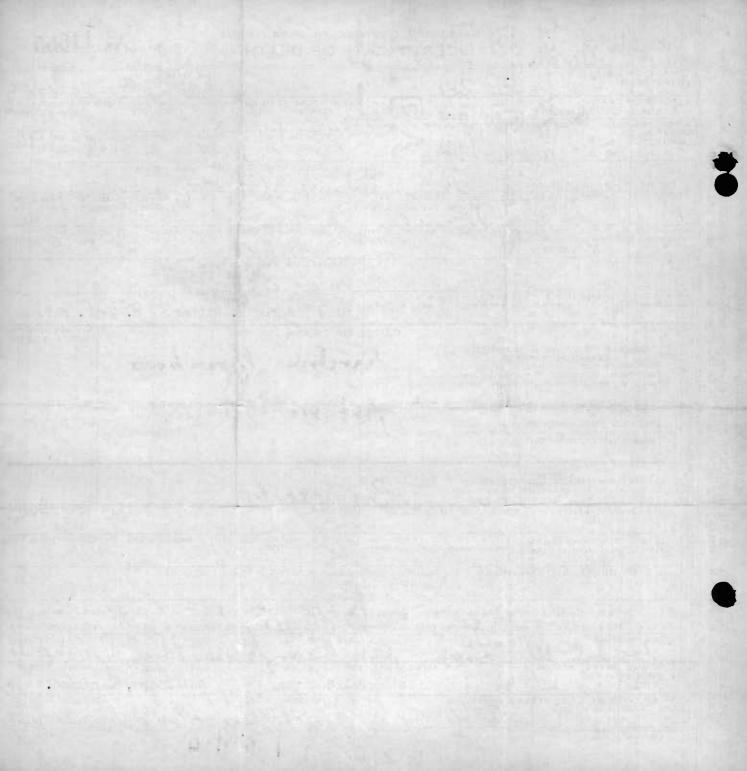
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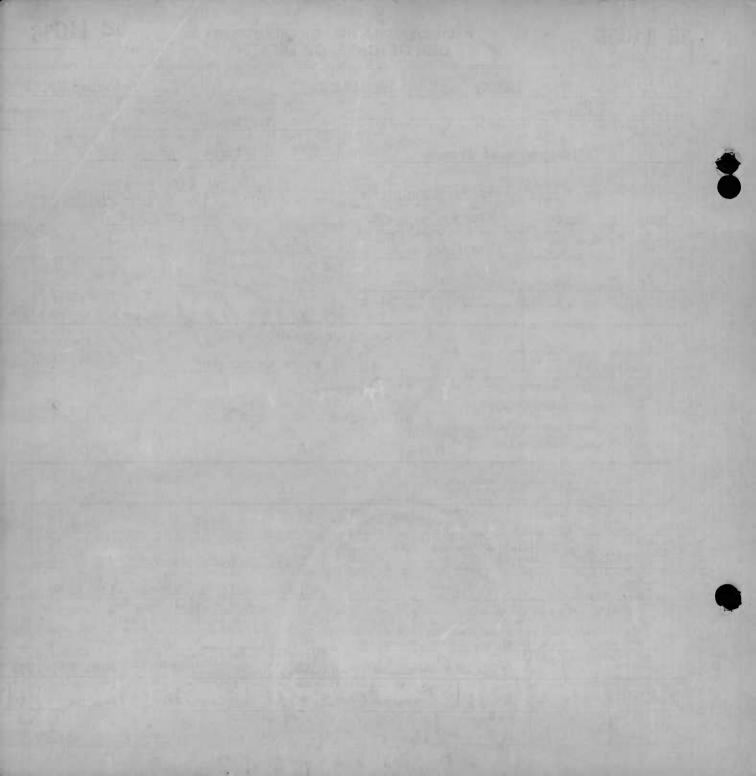
WRITE

## BALTIMORE CITY HEALTH DEPARTMENT

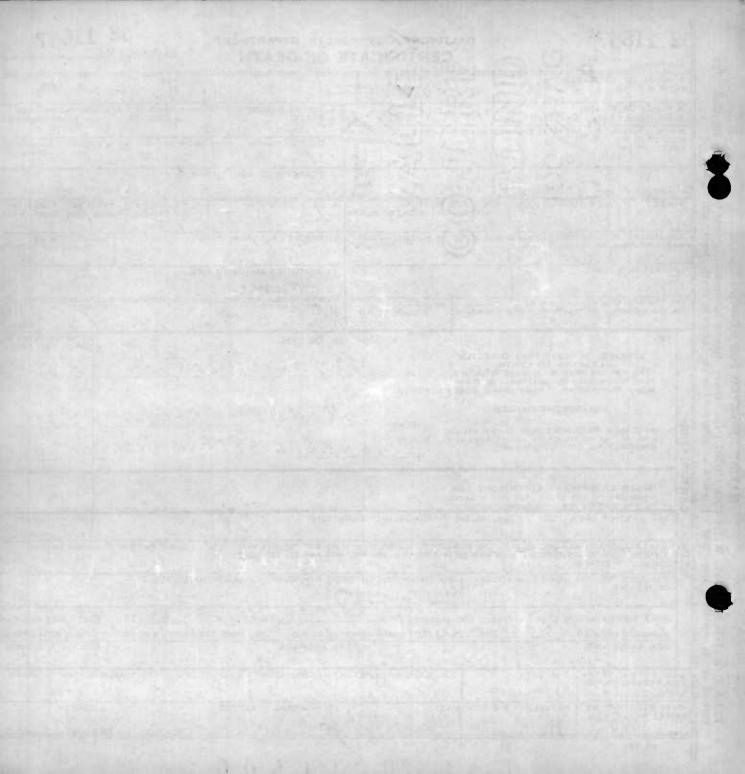
52 11656

Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF December 23, 1952 ERNEST BACHARACH DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION Baltimore 2210 Lyndhurst Avenue Yrs. D. STREET ADDRESS (If rural, give location) legibly. Mas 221 Lyndhurst Avenue c. Length of stay in Baltimore AGE (In years | Woder | Year | Woder 24 Hours | Isst birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH and WIDOWED, DIVORCED Male White warred 10A. VSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) clearly 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY alleman information s of death cle 13. FATHER'S NAME MAIDEN NAME mou 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or pnynown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS ORMA SECURITY NO Every item of i INTERVAL BETWEEN 18 4X, CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxia due to hanging (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. DICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 2219 Lyndhurst Avenue Home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE Hanged self in bedroom with rope Dec. 23, 1952 especially WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ 23B, CHIEF MEDICAL EXAMINER .... X 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER 23 MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 240/LOCATION (City, town, or county) 24 BURIAL, CREMA-TION REMOVAL (Specify) correct ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

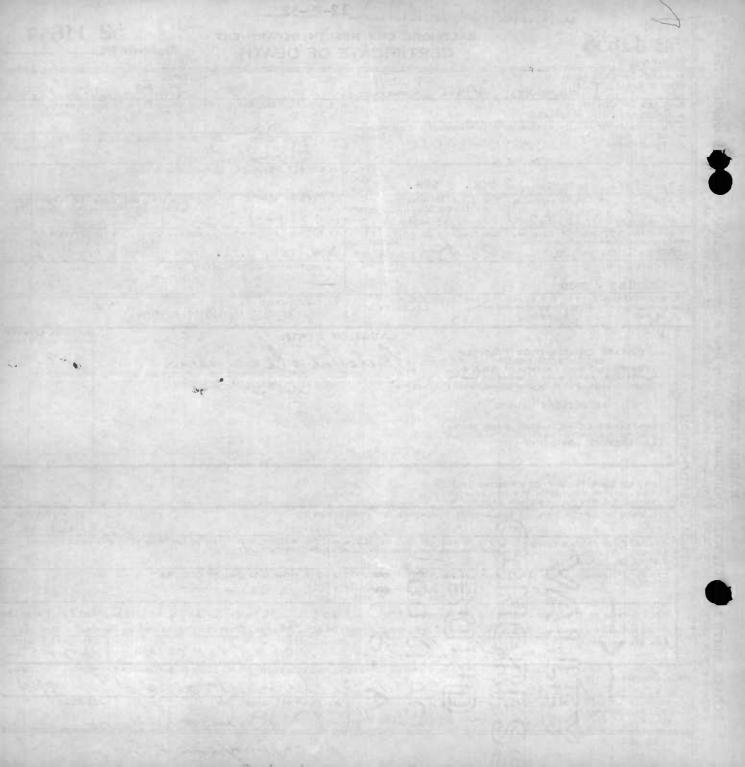
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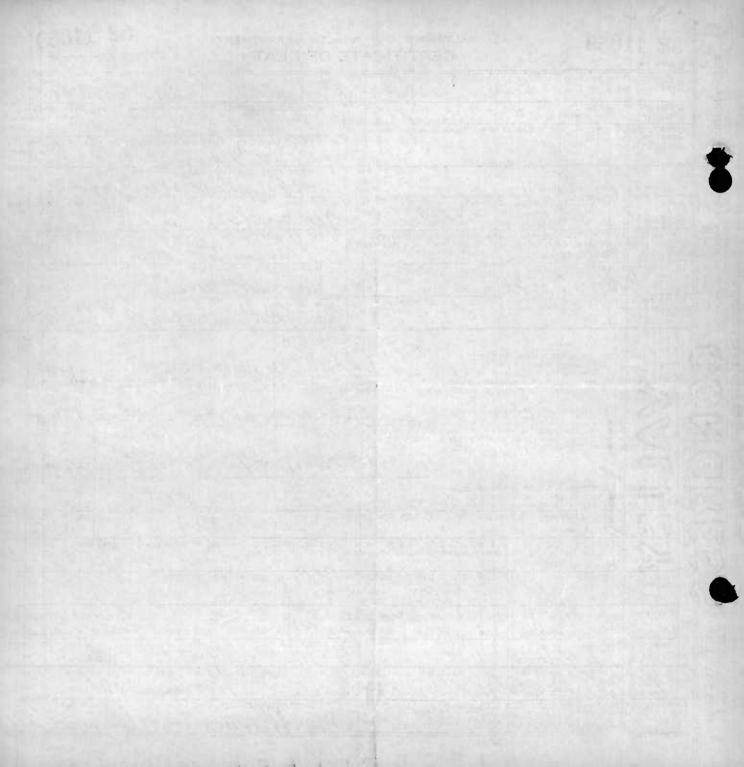
52 11657 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ZALKOWITZ OSA OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 2710 CHELSEAT A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) rae Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5.SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) If Under 24 Hours 9. AGE (In years If Under I Year If Under 24 Hours I hast birthday) Months; Days Hours; Min. information should of death clearly ar Lenverle 1/whou 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? touse Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME alpan Janne 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY VOCARDITIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B) CORONARY SCLEROSIS Jyn
(C) GENERAL ARTERIO SCLEROSIS 20 ym ANTECEDENT CAUSES lease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NLY, WITH important. (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 19 520 DEC 23, 195, that I last saw the SEPT 77 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE correct age is esp deceased alive on VEC 22 1952 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDBESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATOR 240. LOCATION (City, town, or county) TION REMOVAL (Specify) beller DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



11	1	CERTIFICATE CORRECTED 12-29-52	0 440~-
The	11	52 11658  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered N	2 11658
		NAME OF DECEASED Type or Print) Flanence Mankenwich   2. DATE OF DEATH POL	emlan 22,1957
supplied.	A.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or A. STATE  B. COUNTY  A. USUAL RESIDENCE (Where deceased lived, If a. STATE  B. COUNTY	institution: residence before admission)
lly :		OSPITAL OR NSTITUTION JOHNS HOPKINS HOSPITAL location) C. CITY OR TOWN (If outside corporate limit	
legib		Length of stay in Baltimore 2 mos . 3 wks . Yrs. Mos. Days	
should b	F	Emale White, Munney 3-19-01 last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
	worl	OA. USUAL OCCUPATION (Givekind of kidooduring most of working life oven if retired)  10B. KIND OF BUSINESS OR INDUSTRY  New Port, R. I.  3. FATHER'S NAME	12. CITIZEN OF WHAT COUNTRY?
NDING information s of death cl		Charles James	
R BINDING em of inform causes of dec	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT JOHNS HOPKINS HOSPITAL	DDRESS
FOR y item		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	interval between onset and death
RESERVED FINK. Every lease write the		injury or complication which caused death.) DUE TO	
	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.	
-	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LY, WITH	MEDIC.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., lo or about home, farm, factory, street, office bidg., etc.)  21C. WHERE DID (If in Baltimore City, grade in Baltimore Ci	ive exact location)
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT WORK AT WORK	
WRITE PI		22. I hereby certify that I attended the deceased from 10-1, 1952 to 12-23, 1952 deceased alive on 12-23, 1952, and that death occurred at 3058m., from the causes and on the causes and on the causes are considered at 3058m. HOPKINS HOSPITAT	ne date stated above.
0.0	24 TH	4A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, on, REMOVAL (Specify))	72-24-52 or county) (State)
PLEASE correct a	02	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OPAL REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR 25. Parlen	ADDRESS ADDRESS
	=	VS 150	1,



(0)	ment.	500			
	1-	2 11659	ALTIMORE CITY HEALTH D		52 11659
The		RTH NO.	CERTIFICATE OF D	DEATH Register	ed No.
		NAME OF DECEASED Surgin	ria Sara Sim	2. DATE OF DEATH	ec 23/1952
supplied.	3. A.	PLACE OF DEATH: Baltimore City, Maryland 405 C		RESIDENCE (Where deceased live	d. If institution? residence
y su	HC	FULL NAME OF (If not in hospital or inst OSPITAL OR STITUTION	tution, give street address of location) C. CITY O	R TOWN (If outside corporate	limits, write RURAL and give
1	1	2)	73 Yrs. D. STREE	Maltimore	House James J township)
legal	-	Length of stay in Baltimore	in Baltimore  Mos. Days  HOS PLAASES AND PLAASES AND PROBLEM OF BUSINESS OR INDUSTRY  ATION (Givekind of king life, from if retired)  E  LOOKER NO.  LOOKED DIVORCED (Specify)  ATION (Givekind of king life, from if retired)  LOOKER IN U. S. ARNED FORCES? (Specify)  LOOKER IN U. S. AR	T ADDRESS (If rural, give location	Road
should be	3	Penale White WID	ON DIVORCED (Specify)	21/1862 9. AGE (in year last birthday)	Months Days Hours Min.
on shou clearly	work	doneduring host of working life, then if retired)		Ashington DC	12. CITIZEN OF WHAT COUNTRY?
information s of death cle		John Cooke	Lis	,, 1)	
k bindi	15. (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES , no or animown) (If yes, give war or dates of service		M. Ginn 2846 9	Carrest St
		18. 332× 1	V	Н	INTERVAL BETWEEN ONSET AND DEATH
4 7		LEADING TO DEATH (This does not mean the mode of dying,	CEREBR	AL THROMBOSIS	Tweeks,
Every write th		heart failure, asthenia, etc. It means the di- injury or complication which caused do	eath.) DUE TO	DUE TO	
INK.	Z	ANTECEDENT CAUSES		PAL ARTERIOSCUE	ROSIS 20 yrs.
	ATIO	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.			
MAKGIN UNFADING Physicians:	RTIFIC		(c) SENIL	ITY	20 yr.
UNF/ Physic	Ш	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	ATED NONE		
Η.	7	19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPERATION		20. AUTOPSY?
LY, WITH important.	EDICAL	HOMICIDE (Specify) about he		VHERE DID (If in Baltimore C:	ity, give exact location)
LY, imp	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F. H	OW DID INJURY OCCUR?	
iahy		m	WHILE AT NOT WHILE WORK AT WORK		
TE PL especia		22. I hereby eertify that I attended to deceased alive on 2 19 1	he deceased from Nov 17 2 and that death occurred at 8 3	1947, to bee > 37, 1	95; that I last saw the
RI		23A. SIGNATURE	238. ADDRE	SS P	23C. DATE SIGNED
田宮	24 TIO	IA. BURIAL, CREMA- 24 DATE DN. REMOVAL (Specify)	24C. NAME OF CEMETERY OR CREM		
PLEASE correct ag		ATE RECEIVED BY REGISTRAN'S SIGNATURE TO THE PROPERTY OF THE P		RAL DIRECTOR  ASSURED 4704	Ridgewood the
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## BALTMORE CITY HEALTH DEPARTMENT

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	NAME OF D	ECEASED			2. DATE			
	'ype or Print)	Rebecca Bro	)W11			.20.52		
Α.	Baltimore C	City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, In B. COUNTY	institution : reside before adm		
HC	OSPITAL OR	OF (If not in hospit	tal or institution, give street add	dress or cation) c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL s		
IN	ISTITUTION	4940 Easter	n Ave.	Baltimore	26-	/ 2tow		
				Yrs. D. STREET ADDRESS	(If rural, give location)			
		tay in Baltimore		Mos. 4940 Easter:	Ave.			
Fe	sex emale	6.COLOR OR RACE	7. SINGLE. MARKED, WIDOWED, SWORCED WICOWED	(Specify) 8. DATE OF BIRTH	9. AGE (In years)	if Under I Year If Under onths Days Hours		
work	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)		OR JSTRY Virginia	r foreign country)	12. CITIZEN OF WHAT COUL		
13	FATHER'S N	IAME	nomusia_	14. MOTHER'S MAIDEN	NAME	77 8 000		
	Same	ral D	Ken	ann	Dan	-		
/Yes	s, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY	No. Records: Balt	more City Hos	DDRESS		
	18. 44	2 V	CAI	USE OF DEATH	Los of HAVE	INTERVAL BE		
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Hypertensive Cardio Vascular Disease							
		re, asthenia, etc. It mes complication which		th Cerebral Vascula		(5)		
		ANTECEDENT CAUS	SES					
TION	DICEACES	OR CONDITIONS	(B)					
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,							
	(C)							
THE LEASE								
ERTI								
						I 20. AUTOP		
1	ISA. DATE O	OF OFERATION	ISB, MAJOR PINDINGS OF	OPERATION		YES YES		
MEDICAL	2 LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
Σ		(Month) (Day) (Year	) (Hour)   21E. INJURY OC	CURRED 21F. HOW DID INJ	JRY OCCUR?			
	OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK							
24	deceased alive on 1952, and that death occurred at 6:45 pm, from the causes and on the date stated al							
	23A, SIGNAT		٨	23B. ADDRESS		23c. DATE 510		
		14 hr m		D. 4940 Eastern Av		12.20.5		
	4A. BURIAL, C	REMA- 248 DATE	24C. NAME OF C	EMETERY OR CREMATORY 240	LOCATION (City, town	, or county) (S		
24 TIC	ON, REMOVAL (S	12/24	102 m Cal	odery (emi (	a con	DY		
TIC	ATE RECEIVED	D BY REGISTRAN	's SIGNATURE	5. FUNERAL DIRECTO	R	ADDRESS		
24 TIC	ATE RECEIVE	D BY REGISTRAN	S SIGNATURE	5. FONERAL DIRECTO	I CO M	ADDRESS		

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Registered No. BALTIMORE CITY HEALTH DEPARTMENT 52 11661 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATA 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland . STATE B. COUNTY before admission) BALTO B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4:50 c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 9. AGE (in years) last birthday) Months: Days Hours : Min. WIDOWED, DIVORCED (Specify) arri 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? information 43 POYEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? no o unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes JOHNS HOPKINS HOSPITAL KNOWN NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ... Acute Idiopathic Myocarditis LEADING TO DEATH (This does not mean the mode of dying, e.g., Ever heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially AT WORK WORK 12-16-1952 to 12 - 23 1952 that I last saw the 22. I hereby certify that I attended the deceased from... WRITE deceased alive on 12 . 23 1952, and that death occurred at 4. 6 m., from the causes and on the date stated above. 238. ADDRESSHINS 23A. SIGNATURE 23c. DATE SIGNED HOPKINS HOSPITAL PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Pleasant Rest. DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

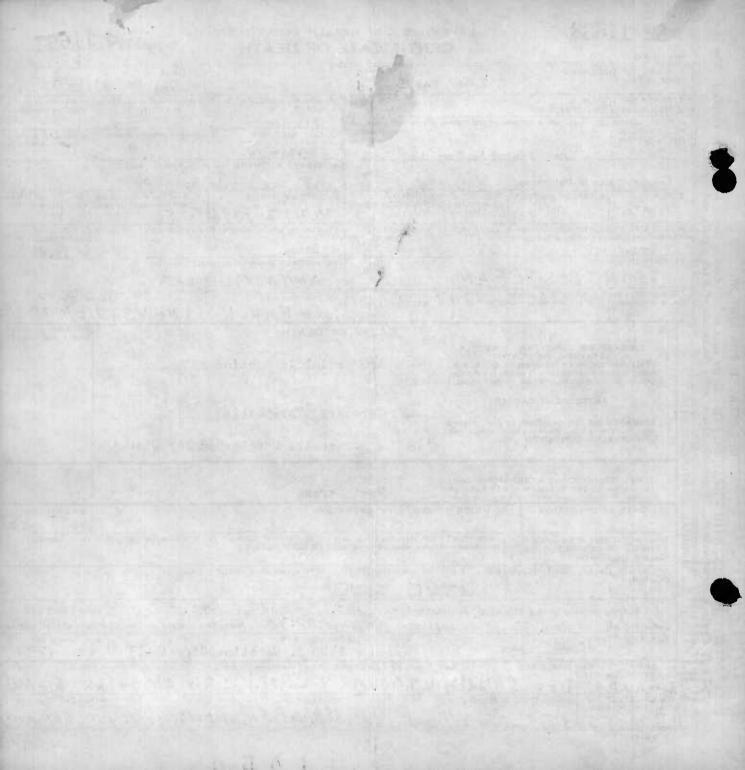
MARGIN RESERVED UNFADING Physicians: p LY, WITH important. TE PL. especially PLEASE WRITE correct age is esp

supplied.

of item

ONSET AND DEATH . 1951 that I last saw the deceased alive on 7.2. 27, 1952, and that death occurred at 11.45 P.m., from the causes and on the date stated above. 23A.,SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 901 Nec, 23-1952 assessit 24A. BURIAL. CREMA-TION. REMOVAL (Specify) 24D, LOCATION (City, town, or county) Ward's Chapel Cemetery burial Harrisonville. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR Wm. Cook. hr. 1217 St. Paul Street VS 150

52 11663 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1165.2 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF ANNA PAVUK Dec. 23.1952 lly supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN Af outside corporate limits, write RURAL and give township) Baltimore Joseph's Hosnital Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 113 New Battle Road- 22 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours Min. information should be of death clearly and 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)
Married Female. 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Penn. Housework Own home. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE DURISES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESSYNOVE (Yes, no or unknown) SECURITY NO AVUK 113 NEWBATTLE! Jo 18. CAUSE OF DEATH 20,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .....Myocardial Infarction heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary Thrombosis ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p Hypertensive Cardiovascular Disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Post Stroke TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK . 19 52 that I last saw the Dec. 21 1952 to Dec. 23 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE deceased alive on Dec 23, 19 52, and that death occurred at 12:30am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 1400 N. Caroline Street -13 Dec. 23, 1952 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE CEM. GERNIAN BURLAL FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR FIGHROWSKIINC 1000S KENWOOD VS 150



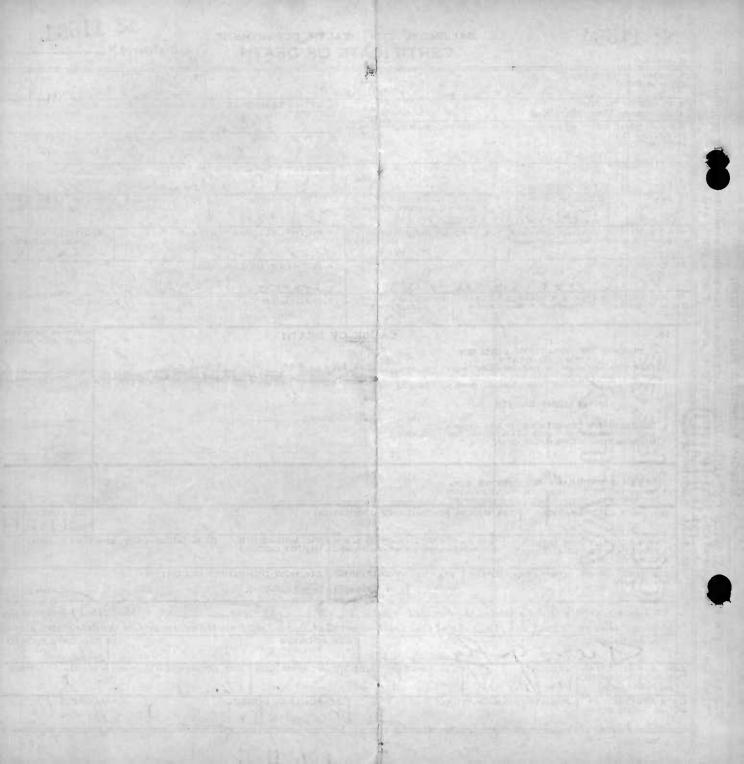
52 11664

BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : re-A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN . (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, giv location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. If Under 24 Hours AGE (In years mer 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORGED (Specify) Lanne information shous 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY VHAT FOUN 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO IOHNIS HOPKINS 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from\_ 19 that I last saw the , 19 5 and that death occurred at 5.15 km., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23C, DATE SIGNED HOPKINS HOSPITAL JOHNS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

Every write th UNFADING Physicians: 1 important. PLEASE WRITE correct age is esp

VS 150

supplied.



BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital HOSPITAL OR US Public Heal INSTITUTION HOSPI Wyman Pk. Drive & 31s

5. SEX

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor er

15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates of

Robert Mitchell

DISEASE OR CONDITION D LEADING TO DEATH

(This does not mean the mode of

heart failure, asthenia, etc. It means injury or complication which can

DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST

OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT N TO THE DISEASE DR CONDITION C

19A. DATE OF OPERATION

CAUSE OF DEATH

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (

13. FATHER'S NAME

Yes

18.

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information should be

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UNFADING Physicians:

WITH

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MARGIN

5	BAL	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	52 Registered No.	11665
ECEASED CHARI	LES EDW	ARD MIT CHELL		2. DATE OF DEC.	21, 1952
EATH: City, Maryland			4. USUAL RESIDENCE (W		stitution : residence before admissio
OF (If not in hospit US Public He Hosp K. Drive & 31	al or institut al th Se ital st Stre	ion, give strect address or TVICE location)		outside corporate limits,	write RURAL and gi
tay in Baltimore	?	Yrs. Mos. Days		W. Saratoga S	
6. COLOR OR RACE	WIDOW	E, MARRIED, PED, DIVORCED (Specify) PARTIEC	8/5/94	9. AGE (In years If Un last birthday) Mont	der I Year II Under 24 Hou hs Days Hours Mi
CUPATION (Give kind of of working life, even if retired) OF EF		of Business or INDUSTRY ailroad	11. BIRTHPLACE (State or fo		2. CITIZEN OF
ert Mitchell			Ida Stokes	AME	
ED EVER IN U. S. ARMEE (If yes, give war or date)	FORCES? s of service)	16. SOCIAL SECURITY NO. 717-07-6458	17. INFORMANT Records- US PHS I		o, Md.
SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, III HE ABDVE CAUSE (A) YING CONDITION LA	FH dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	Carci	of DEATH  noma of rectum wi  metastases	th widespread	l yr.
II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE DR CONDITION OF OPERATION   1	NOT RELATE	D	ATION		20. AUTOPSY?
V					YES X NO
ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	to.) 21c. WHERE DID (III to.) INJURY OCCUR?	f in Baltimore City, give	e exact location)
Month) (Day) (Year)	m.	VHILE AT NOT WHILE WORK NOT WHILE			
ive on Dec. 21	, 10.52		• 23 , 19 52 to De red at 7:08A m., from the 3B. ADDRESS	he causes and on the	that I last saw t date stated abou

OF INJURY 22. I hereby certify that I atter deceased alive on Dec

PLEASE WRITE Properties age is especial 23A. SIGNATURE US PHS Hospital, Balto, J.A. Hunter Director 24D. LOCATION (City, town, or county)

LOCAL REGISTRAR

DATE RECEIVED BY

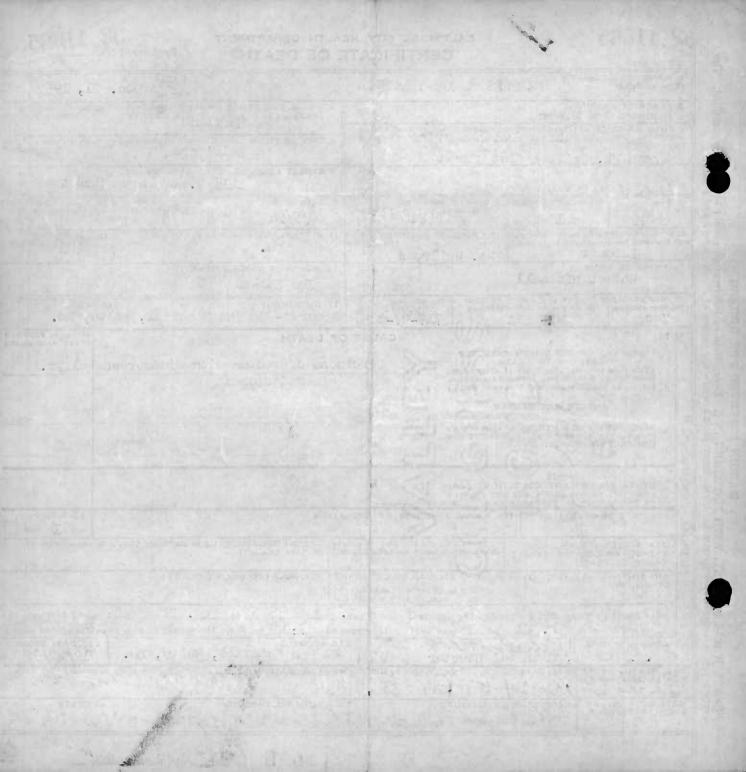
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SIGNATURE

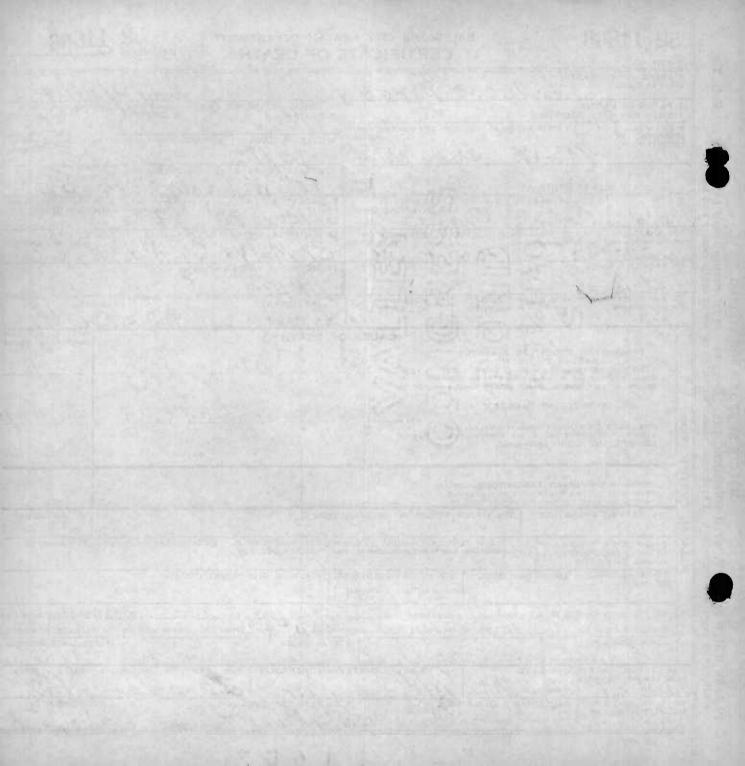
25. FUNERAL DIRECTOR

ADDRESS

REGISTRAR'S



52 11656 Registered No. 52 11666 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) MISCOE Brow OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, institution: residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RERAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED Il Under 24 Hours If Under 1 Year las birthday) Months Days Hours Min. OWED, DIVORCED (Specify) should learly an 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR W. BIRTHPLACE (State or foreign country, 12. CITIZEN OF INDUSTRY information s 2672 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no be unknown) SECURITY NO. Every item INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY VASCULAR CARDIO LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DULMONARY OFDEMA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK PLEASE WRITE PL correct age is especia deceased alive on DEC 21, 19 2, and that death occurred at 19 23A. SIGNATURE DEC 21, 19 12 that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-NAME OF CEMETERY OR 24B. DATE ATION (City, town, or county) DATE RECEIVED BY REGISTRAK'S SIGNATURE VS 150



52 11667 52 11667 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2, DATE Dec. 22, 1952 (Type or Print) WILLIAM KORNMANN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside composite limits write RURAL and give INSTITUTION township) 1512 Oakridge Rd. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore 1512 Oakridge Rd. Days information should be of death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Feb. 26, 1887 white married male 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) Bureau Sanitation WHAT COUNTRY? Maryland City Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara Vollmar William Kornmann 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Mrs. Eva Kornmann - 1512 Oakridge Rd. SECURITY NO. none 18. NTERVAL BETWEEN y item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY PLEASE WRITE PL. JY, WITH correct age is especially important. 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK 22. I hereby certify that I attended the deccased from April 7 1952, to Dec 22 ., 19 32 that I last saw the deceased alive on the 22, 1952, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Universely 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Woodlawn, Md. 12/24/52 Lorraine Cem.

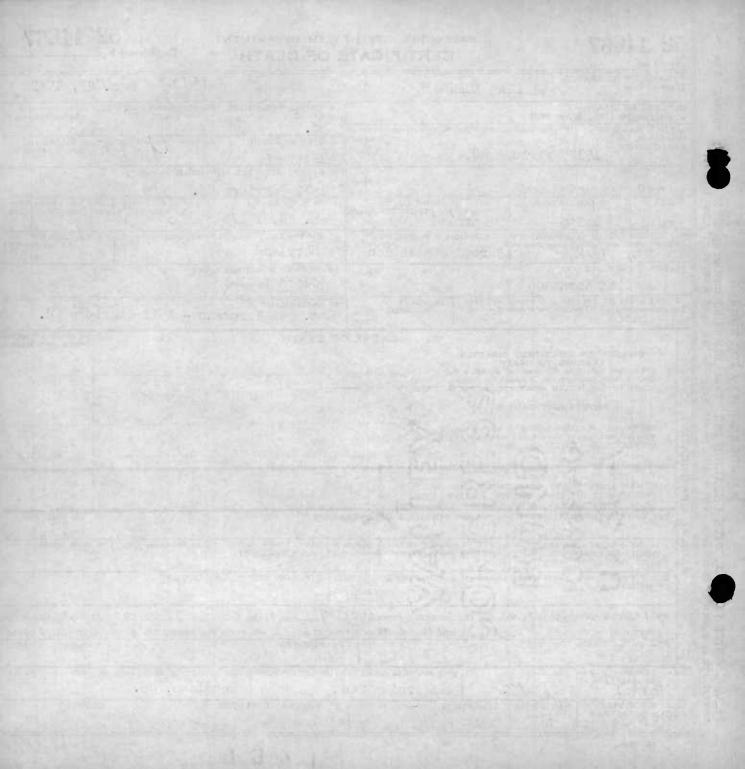
Burial DATE RECEIVED BY LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

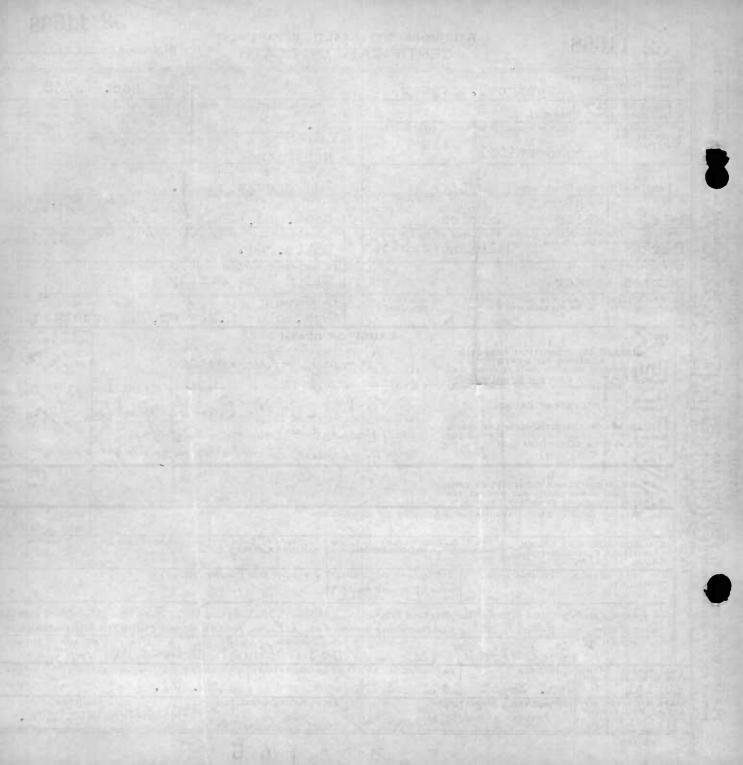
25-FUNERAL DIRECTOR

ADDRESS

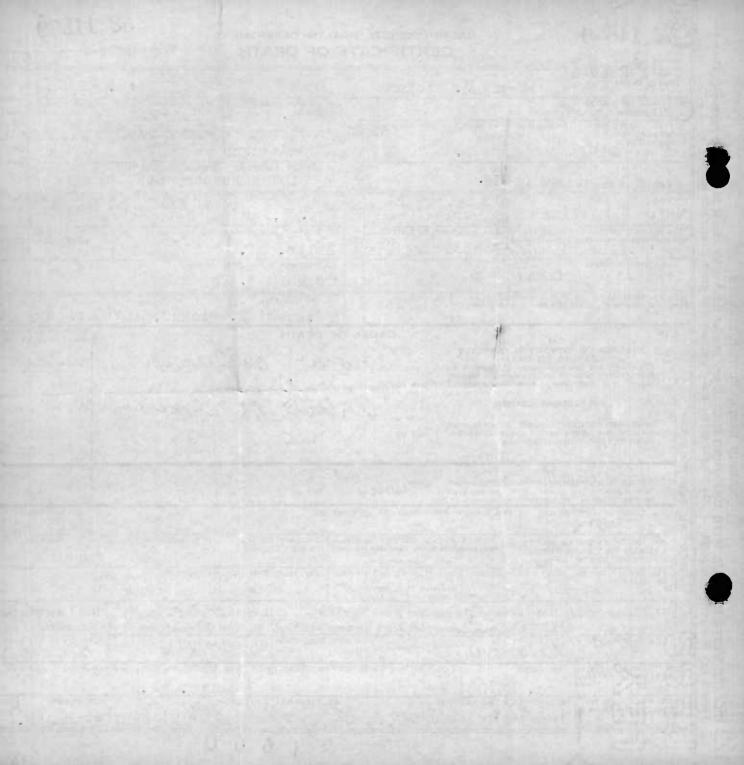


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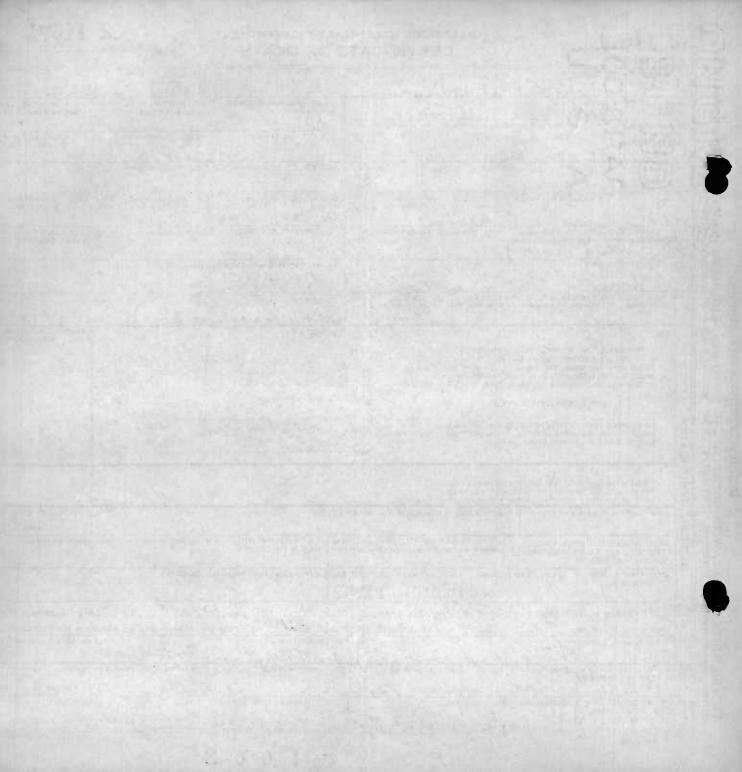


Registered No. 11670 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution, residence B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corp C. CITY OR TOWN Write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX Il Under 1 Year | If Onder 24 Hours | Months: Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) clearly TOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT HOPKINS HOSPITAL 16. SOCIAL (Yes, no or unknown) SECURITY NO. item of 11 INTERVAL BETWEEN 18. CAUSE OF DEATH 202. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the lad fleate LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? AT WORK 22. I hereby certify that I attended the deceased from! 2-8-1952to 12 - 2-4 - 194 Ethat I last saw the deceased alive on 12 -24-19 52 and that death occurred at 1 m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURHAL, CREMA-TION, REMOWAL (Specify) NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) CREMATION DATE RECEIVED BY 25. FUNERAL DIRECTOR VS 150

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-	5%	1167	1	BAI		EALTH DEPARTMEN	T Registered	52 11671
The	=	RTH NO.			CERTIFICAT	E OF DEATH		
12.7	(T	NAME OF D	Michael Fi	ata	ntuono		2. DATE OF DEATH	7-24-52
supplied.	A.		City, Maryland	Balt	more ion, give street address or	4. USUAL RESIDENCE A. STATE	(Where deceased lived.	before admission
8	H	FULL NAME OSPITAL OR ISTITUTION	OF (II not in nospit	al or mistrui	location)	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
ully	-		Itimore G.	enil	Hosp.		evern Nld	township
10810	4. c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	52:00
ld b	5.	SEX	6.COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	H Under I Year   H Under 24 Hours Months; Days   Hours   Min.
ould y a		ale	white	Mar	ried	DEC. 20, 1880	0 72	
she	worl	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
sion h cl		FATHER'S	USICIAN I			14. MOTHER'S MAIDEN	NAME	
information should s of death clearly as		Jos	eph FRAT	AN TI	ONO	Rose		
ofu	IS (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
em of i					NONE	EDITH G. FRATANT	VOND SEVERN	MARYLAND
Every item write the cau		(This does	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mea complication which of	TH of dying, e. on the discass aused death	E., (A)	of DEATH  Preferal He  rettermer C	Mistrag and was	DISSET AND DEATH
	7	V	ANTECEDENT CAUS	ES	(B)			
Jink.	TIOI	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING TI	vg And	excoseleral	re Hear	7-3
IN ns:	CA				(c) UK.	creare:	*** ***********************************	
UNFADING INK. Physicians: please	ERTIFICA	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT	NOT RELATI	ED			
1	U		OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY7
WITH rtant.	Y Y		0					YES NO
	TEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City	, give exact location)
impc impc	Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	` '	21E. INJURY OCCURR		JRY OCCUR?	
ė				m.	WHILE AT NOT WHILE AT WORK		15/15	(.)
TE Hespeca	1		y certify that I att	ended the	deceased from 12	124, 195, to	1724,19	that I last saw th
S es		deceased a		, 190	and that death occur	238 ADDRESS	n the causes and on	the date stated above
WR.			W.wel	20uc	sore M.D.	South Bettine	re Seal Hosp	9
PLEASE WRITE correct age is esp	TI	4A. BURIAL. ON, REMOVAL (S	Specify)	152	HOLY REDEE	1	LT, MORE	MARYLAND ADDRESS
PLEAS correct		ATE RECEIVE	D BY   REGISTRAR	SSIGNATI	JRE	25. FUNERAL DIRECTO	R	PAUL STREET
	=	VS 150	1952 Junton	grow /	MILALIA NISTA	ove of		PAUL SPEEG
			ON IS ILLE	, 13	E 0 005	7.8M1.1	2	

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9	2	11672		EALTH DEPARTMENT E OF DEATH	52 Registered No.	11672
The	1.	NAME OF DECEASED (ype or Print)	4.4		2. DATE	
supplied.		PLACE OF DEATH	ryhar/M.	4. USUAL RESIDENCE (W	DEATH Dec. 2	2, 1952
ddns	В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or in	nstitution, give street address of	A. STATE	B. COUNTY W	before admission)
À	11	STITUTION Doctors Hospital	1	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
rolly.	H	2724 IV. Ches. St. Bal	timore 18, Yrs.	D. STREET ADDRESS (If r	rural, give location)	-0-
les		Length of stay in Baltimore	Syrs. Mos. Days	1532 Ralwo		
NDING information should be of death clearly and	5.	E . W	INGLEUMARRIED. IDQWED, DIVORCED (Specify VIDWED.	July 5. 1886	9. AGE (In years If Under last birthday) Months	Days Hours Min.
shor	MOL	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF WHAT COUNTRY?
tion h cl		FATHER'S NAME		14. MOTHER'S MAIDEN NA	NE Z	1.5.4.
NG rma deat	-6	Joseph Willdridg	2	Mary M.	oore	
BINDING of inform	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCE, no or niknown) (If yes, give war or dates of gry	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	RESS, Rd.
		18.   98	CALISE	OF DEATH	nes 1332 Ir	ALWORTH
e it o		DISEASE OR CONDITION DIRECT		)	) \	ONSET AND DEATH
E CT		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease.	erjundary /	mer .	
		injury or complication which caused  ANTECEDENT CAUSES	death.) DUE TO	1	9 02 WI	
RESERVED INK. Ever please write	NO	DISEASES OR CONDITIONS, IF ANY,	(B)	asiona /	well . All	ends.
G II	ATIO	RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	NG THE DUE TO	Gunalin		
MARGIN I UNFADING Physicians: p	FIC		(C)		·····	
MAF NFA tysic	ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R				
	Ü.	TO THE DISEASE OR CONDITION CAUS		RATION		20. AUTOPSY?
WITH rtant.	CAL	11/22/13 3 6	Vistanchie Sa	mma. I want	ea.	YES NO
LY, WITI	EDI		B. PLACE OF INJURY (e. g., bome, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give	exact location)
H.H.	Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY			OCCUR?	
A A			m. WHILE AT NOT WHILE	UI, (C)	(1) 2/ (1)	
E F		22. I hereby certify that I attended deccased plive on 12-22-52, 19.		25,	ie causes and on the d	nat I last saw the
RIT is e		23A. SIGNATURE		23B. ADDRESS		3c. DATE SIGNED
age W	24	AA. BURIAL, CREMA- RAB DATE	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LC	OCATION (City, town, or c	ounty) (State)
PLEASE WRITE P.	1	N. REMOVAL (Specify) Dec. 24	52 Oak Lan	n Cem, B.	altimore 1	Yd.
PLI		ATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR Henry Sand	er & San a	DRESS
		VS 150	- Williams, MJP	D. W. S. S.	of Jones.	inc
			9 5 2 0 0	Ballimbrow	1d. Deay	· Handle

Dr. Jaworske 2711 Caster are

B-1	2	530 BALTIMORE CITY HE CERTIFICATE		52 Registered No	11.673
1 1970	(T)	NAME OF DECEASED GUYE Edward Ben		2. DATE OF DEATH OCC.	23. 1952
y supplied.	B. HC	PLACE OF DEATH: Baltimore City, Maryland  Salpinal, MC.  FULL NAME OF (If not in hospital or institution, give street address or ospital or institution)  ISTITUTION  White Welling of Hospital	4. USUAL RESIDENCE (WIA. STATE  BOLKING C. CITY OR TOWN (If or	here deceased lived. If in B. COUNTY  May found putside corporate limits,	before admission
id be and legibly	5.	Length of stay in Baltimore  Length of stay in Baltimore  Mos.  Days  6. COLOR OR RACE  7. SINGLE. MARRIED.  WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	last birthday) [Mont	12 GIBBONS  nder I Year   H Under 24 Hours  ths: Days   Hours   Min.
NDING information should s of death clearly an	10 work	DA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR MIDUSTRY  A doked by ing good of working life, even it retired)  A FATHER'S NAME  MANAGE OF THE CONTROL OF THE C	11, ENRTHPLACE (State or for Many Levisly 14. MOTHER'S MAIDEN NA		2. CITIZEN OF WHAT COUNTRY
R BINDING	15 (Yes	JOSIAN BLUIFFT.  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SECURITY NO.	Velina 17. INFORMANT MRS. MARIE 1.	Bailey BENNETT -	GIBBONSA
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE (A)  CAUSE (C)  (A)  COUGE  (A)  DUE TO  Pul	stive Heart Ta	ilme t	ORC. 22
RESERINK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	entensine C	andiovasul	1 952
MARGIN UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
LY, WITH important.	DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or   21c. WHERE DID (If	in Baltimore City, gi	YES NO Ve exact location)
	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY MRILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
PLEASE WRITE PL.		A Hulbard M.O.	red at 12 2 a.m., from the 3B. ADDRESS	m'al Knopike	e date stated above 23c. DATE SIGNED OLC- 23, 17
PLEASE correct ag	70	44. BURIAL, CHEMA- ON REMOVAL (Specify)  12/26/52  Varkwood  ATE RECEIVED BY OCAL REGISTRAP'S SIGNATURE  OCAL REGISTRAP  OF C 2/41052  Winterdow  William  My	25. FUNERAL DIRECTOR	5305 A	LADORESS ADORESS AND
		vs 150 1002	8436 6 A		1

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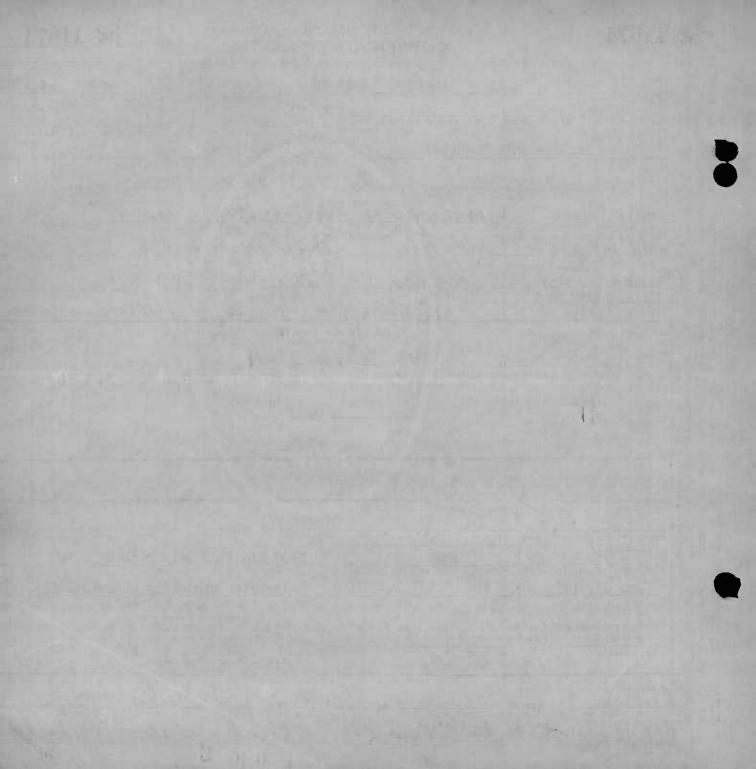
3 11674 BIRTH NO.					OF DEA		Regis	stered No.	11674
1. NAME OF I		IARY AC	GNES	GRIFFI			2. DATE OF DEATH		per 22, 19
	City, Maryland		b st.	Α.	STATE	IDENCE (Waryland	here deceased B. COL		titution : residence before admissi
B. FULL NAME HOSPITAL OR INSTITUTION		pital or institution,			CITY OR TO			rate limits, v	vrite RURAL and s towns
41	St. Joseph	's Hospita	-1	Yrs. D.	STREET AD	DRESS (If	rural, give loc		
c. Length of	stay in Baltimore		MARRIED	Days	DATE OF BI	946 Bela		years If Und	ler 1 Year   If Under 24 H
Female	White		RIED		ov. 4-	1910	last birth	Month	ns Days Hours M
	CCUPATION (Give kine) of working life, even if retired to the control of the cont			S OR DUSTRY	BIRTHPLAC	E (State or fo	reign country  — Mc	1	MHAT COUNT
13. FATHER'S		12 W	16.23	14	MOTHER'S	MAIDEN NA		00/	
15. WAS DECEAS (Yes, no or unknown	ED EVER IN U.S. ARI	MED FORCES? 1	6. SOCIAL SECURIT	Y NO. 17	INFORMAN	<u>т.</u>	Scho		RESS
(100, 100 01 41110 11	/	21	4-24-	3693 1	4r. 50	dney .	A GRI	FFIN	- SAME
Z DISEASI	ASE OR CONDITION LEADING TO D LEADING T LEADING TO D LEADING T LEADING	EATH e of dying, e.g., neans the disease, caused death.)  USES 6, IF ANY, GIVING A) STATING THE	(A)  DUE TO  (B)  DUE TO  (C)	Fractur	e of neo	ck .			
TRIBUTING TO THE	SIGNIFICANT CON IG TO THE DEATH, B DISEASE OR CONDITI	JT NOT RELATED ON CAUSING IT.	INDINGS C	A COEDATI	ON				20. AUTOPSY
1	OF OPERATION	19B. MAJOR FI	INDINGS O	OF OFERALI					YES NO
	NAL CAUSE WAS NG A OR CONTRI CAUSE OF DEAT	B. 21B. PLACE about home, farm	, factory, street,	Y (e. g., in or office bldg., etc.)	INJURY OC				e exact location)
OF INJURY	(Month) (Day) (Ye	ar) (Hour)   21s	E. INJURY C		21F. HOW	OID INJURY	OCCUR?		tomohile
22. I cert	Dec. 22, 1952 6:00 P.m. WHILE AT NOT WHILE X Pedestrian struck by an august I certify that I took charge of the remains described above, held an Inspection & Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes $\Box$ , accident X, suicide $\Box$ , homicide $\Box$ , und					thereon and fr day stated abo			
23A. SIGNA	TURE	8 Fist	2en	M.D.	ASSISTANT	MEDICAL E MEDICAL E NVESTIGAT	EXAMINER	n1 -	DATE SIGNED 2. 23, 195
24A. BURIAL. TIO PREMOVAL	CREMA- 248 DATE	1/5	. NAME OF		OR CREMATO		CATION (C	ity, town, or	THE RESERVE THE PERSON NAMED IN
DATE RECEIVE	ED BY REGISTRA	RS SIGNATURE	1 des	33	FUNERAS	DIRECTOR	530	25 /	DDRES9

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16	00
BIRTH	1675

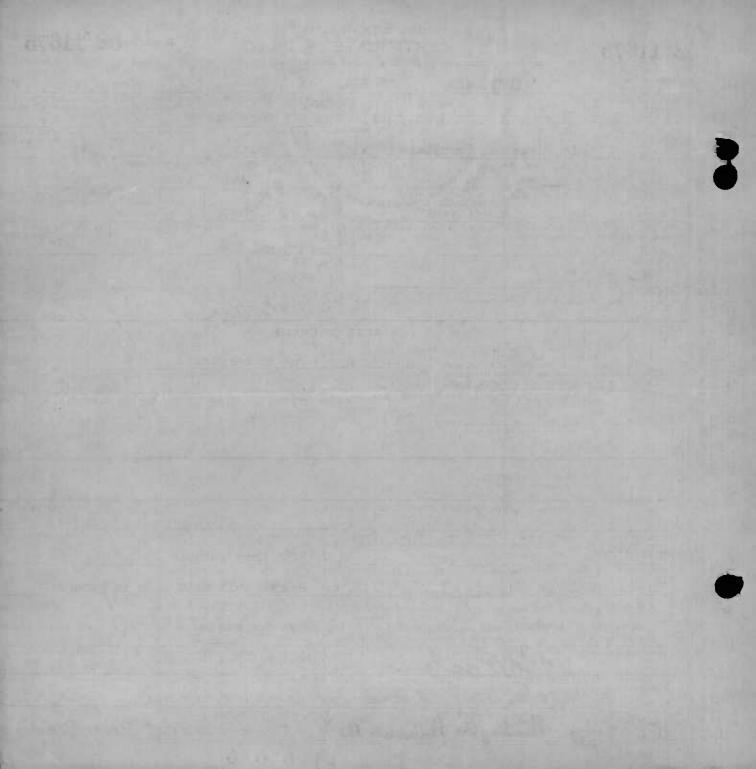
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 53. 11675

11/45	RPH-NO: FO	
1. (T	NAME OF DECEASED ype or Print) KUNIGUNDA BRE	DEATH.
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	
	Union Memorial Hospital	Baltimore
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c.	Length of stay in Baltimore Days	3203 Mary Avenue
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   Hunde   1 Year   Houre   24 Houre   Houre
1	Female White married	an .12-1902 50
10 worl	A. USUAL OCCUPATION (Give kind of 10 B. KIND OF BUSINESS OR KODE during may of working life, even life tired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
13	AT NOME  FATHER'S NAME  Lik	14. MOTHER'S MAIDEN NAME
15 (Ye	MAS-DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT BROWN MODELS 3203
	DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	yxia que co nanging
	ANTECEDENT CAUSES	
z	DISEASES OR CONDITIONS, IF ANY, GIVING	
TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
CAT	(C)	
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ū	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
AL.		YES NO
U	21A. EXTERNAL CAUSE WAS UNDERLYING MOOR CONTRIB. 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
ED	UTING CAUSE OF DEATH. Garage	3202 Mary Avenue
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	
	Found: 12/22/52 8:00 Pm. WHILE AT NOT WHILE AT WORK	Hanged self with rope in garage
		above, held an Inspection & Inquiry thereon and fro
	and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated aboves $\Box$ , accident $\Box$ , suicide $\boxtimes$ , homicide $\Box$ , undetermined $\Box$ .
	23A. SIGNATURE ROBBER N	23B. CHIEF MEDICAL EXAMINER
TI	AA. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	01/2-18 hel
	ATE RECEIVED BY REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR JODRESS JOHNSON FOR

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11676

BIRM NO. 10/0	IE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) ANNA ELIZABETH LUM	SDEN 2. DATE OF DEC. 23, 1952
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address.)	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION 3016 Oakcrest Avenue	
Yrs. c. Length of stay in Baltimore Day	3016 Colemant Among
5. SEX 6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (in years It binder I Year In Under 24 Hours last birthday) Months; Days Hours; Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	White widowed Apr. 3, 1869 83  OCCUPATION (Give kind of nost of working life, even if retired)  IONUSTRY  New York, New York  S NAME  Hammond  EASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  INDUSTRY  INDUSTRY  New York  14. MOTHER'S MAIDEN NAME  Harriet  17. INFORMANT  Mrs Milton Lumsden, 3016 Oakcrest A  CAUSE OF DEATH  CAUSE OF DEATH  ADDRESS  INTERVAL BETT ONSET AND D  INTERVAL BET
John Hammond	14. MOTHER'S MAIDEN NAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	scliratic Cardio Vasaular Disease Meny years
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 1 19B MAJOR FINDINGS OF OPERATION 1	RATION . 20. AUTOPSY?
	in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK	E
23A, SIGNATURE	1948, to DCC 23, 1952, that I last saw the arred at 5 8 m., from the causes and on the date stated above.  23B. ADDRESS 52 17 Harford Road Cty 14   12-24-52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 12/29/52 Kensico Ce	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
VS 150	Leonard J. Ruck 5305 Harford Road
	I. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland S. FULL NAME OF (If not in hospital or institution, give street address for the part of th

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MO DECAMERINA DE CARSON LA

Hay Lotaly .

		7	CERTIFICAT		Registered	No. 11677
Baltimore City, Maryland  S. FULL NAME OF LIF Not in begins or institution, give street address or location institution to the property of the	24.52					
A.	Baltimore (	City, Maryland	al or institution, give street address or	A. STATE		If institution : residence before admission
HO	SPITAL OR	Baltimore Ci 4940 Eastern	yt Hospital location) Ave	C. CITY OR TOWN (I	f outside corporate lin	nits, write RURAL and g townsh
c.	Length of s	tay in Baltimore	Mos.	· ·		
3. FLACE OF DEATH:  A Baltimore City, Maryland  B. FULL NAME OF III not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital location INSTITUTION 4940 Eastern Ave  Yes.  C. Length of stay in Baltimore  W. W. W. Wildowed  10. A. SLATE Jand.  Bradshaw  D. STREET ADDRESS (If rural, give location)  U. S. Route 40  Bradshaw  D. STREET ADDRESS (If rural, give location)  U. S. Route 40  S. SEX  G. COLOR RACE  VIDOWED, DIVORCED (Specify)  Wildowed  10. A. SLATE Jand  D. STREET ADDRESS (If rural, give location)  U. S. Route 40  11. BIRTHPLACE (State or foreign country)  Farmer  13. FATHER'S NAME  Jobe Hinshaw  Job						
10 work	doneduring most	of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		WHAT COUNTI
13	. FATHER'S			14. MOTHER'S MAIDEN N		0. O. A.
		ED EVER IN U. S. ARMET	FORCES?   16. SOCIAL	17 INFORMANT	b	ADDRESS
(Yes		(If yes, give war or date	SECURITY NO.	Records Baltimore	City Haspi	al
	(This does heart failu	LEADING TO DEA- s not mean the mode of tre, asthenia, etc. It mea complication which c	f dylng, e.g., (A) Cerebi ns the disease, aused death.) DUE TO	ral Vascular Acci	dent	
FICATION	(This does heart failt injury or DISEASE: RISE TO T	LEADING TO DEAT is not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, III THE ABOVE CAUSE (A)	f dying, e.g., (A) Cereb) ns the disease, aused death.) DUE TO  SES  F ANY, GIVING STATING THE DUE TO  ST. (C)	<b>C</b> ERTIFICATION	APPROVED BY	n,
ERTI	(This does heart failt injury or DISEASE RISE TO TUNDERLY	LEADING TO DEATING TO MEAN TO THE MEAN TO THE MEAN TO	f dying, e.g., (A) Cereb) ns the disease, aused death.) DUE TO  SES  F ANY, GIVING STATING THE DUE TO  ST. (C)	<b>C</b> ERTIFICATION	APPROVED BY	n.
AL CERTI	(This does heart failt injury or DISEASE RISE TO TUNDERLY OTHER STRIBUTION TO THE O	LEADING TO DEATING TO MANUAL TO THE MANUAL TO THE MANUAL TO MANUAL	f dying, e.g., (A) Cereb) ns the disease, aused death.)  DUE TO  ES  F ANY, GIVING STATING THE DUE TO  ST. (C)	CERTIFICATION	APPROVED BY	
EDICAL CERTI	OTHER STRIBUTION TO THE CO. 19A. DATE CO. 19A. ACCIELLYING O	LEADING TO DEATING IN THE MODE OF THE MEAN TO THE MEAN TO THE MEAN TO THE MEAN TO THE MEAN TH	f dying, e.g., (A) Cereb)  f dying, e.g., (A) Cereb)  step (B)  F ANY, GIVING STATING THE DUE TO ST. (C)  TIONS CONNOT RELATED CAUSING IT. (C)  98. MAJOR FINDINGS OF OPER	CERTIFICATION  CHIEF PR ASST.  CATION  DOT   21C. WHERE DID (	APPROVED BY	YES NO
EDICAL CERTI	OTHER STRIBUTING TO THE OTHER	LEADING TO DEATION OF PERATION  GIVE, ASSESSED OF CONDITIONS, III  HE ABOVE CAUSE (A)  YING CONDITION LA  GIGNIFICANT CONDITION LA  GIGNIFICANT CONDITION  FOR TO THE CEATH, BUT  ISEASE OR CONDITION  OF OPERATION  LEANT WAS UNDER-  R CONTRIBUTING  DEATH	ff dying, e.g., ns the disease, aused death.)  ES  FANY, GIVING STATING THE DUE TO  ST.  (C)  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg., (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE	CERTIFICATION  CHIEF UR ASSIT.  CATION  CONTROL STATEMENT OF THE STATEMENT	APPROVED BY MEDICAL EXAMINER.  (If in Baltimore City,	YES NO
EDICAL CERTI	OTHER STRIBUTION TO THE COLUMN THE COLUMN TO THE COLUMN THE C	LEADING TO DEATION OF OPERATION  IT THE OPERATION OF OPERATION OPERATION  IT THE OPERATION OPERATION OPERATION OPERATION  IT THE OPERATION OPERATION OPERATION OPERATION OPERATION  IT THE OPERATION OPER	ff dying, e.g., f dying, e.g., sthe disease, aused death.)  EES  FANY, GIVING STATING THE DUE TO  ST.  (C)  TIONS CON- NOT RELATED CAUSING IT.  98. MAJOR FINDINGS OF OPER  218. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg., i (Hour)  WHILE AT WORK  MY HILE AT WORK  MY HILE AT WORK  AT WORK	CERTIFICATION  PARTION  PARTION  CONTROL OF	MEDICAL EXAMINER.  (If in Baltimore City, by OCCUR?	YES NO
EDICAL CERTI	OTHER STRIBUTING  21A. ACCID LYING OCAUSE OF  21D. TIME OF INJURY	LEADING TO DEATION OF PERATION  III CONTRIBUTING  III CONTRIBUTING  CONT	TIONS CON- NOT RELATED CAUSING IT.  218. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., while at work  (Hour)  21e. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  AT WORK  AT WORK  Canded the deceased from  219. and that death occurs	CERTIFICATION  PARTION  PARTION  CONTROL OF	MEDICAL EXAMINER.  (If in Baltimore City, by OCCUR?  12 24 52 , 19 the causes and on	YES NO NO NO NET TO NO N
MEDICAL CERTI	OTHER STRIBUTING  21A. ACCID LYING OCAUSE OF  21D. TIME OF INJURY  22. I hereb deceased a	LEADING TO DEAT into the mode of the continuous and the mode of the complication which is complication which is one complication which is one complication which is one conditions to the centre of the condition of the centre of the condition of the centre	TIONS CON- NOT RELATED CAUSING IT.  218. PLACE OF INJURY (e.g., i about home, farm, factory, atreet, office bldg., if work will be a factory at work with the canded the deceased from 12.  219. and that death occur	CERTIFICATION  CERTIFICATION  CHAPT OR ASSET.  CATION  CONTROL 21c. WHERE DID	APPROVED BY  MEDICAL EXAMINER.  (If in Baltimore City,  RY OCCUR?  12 24 52 , 19  the causes and on	, that I last saw the date stated abo

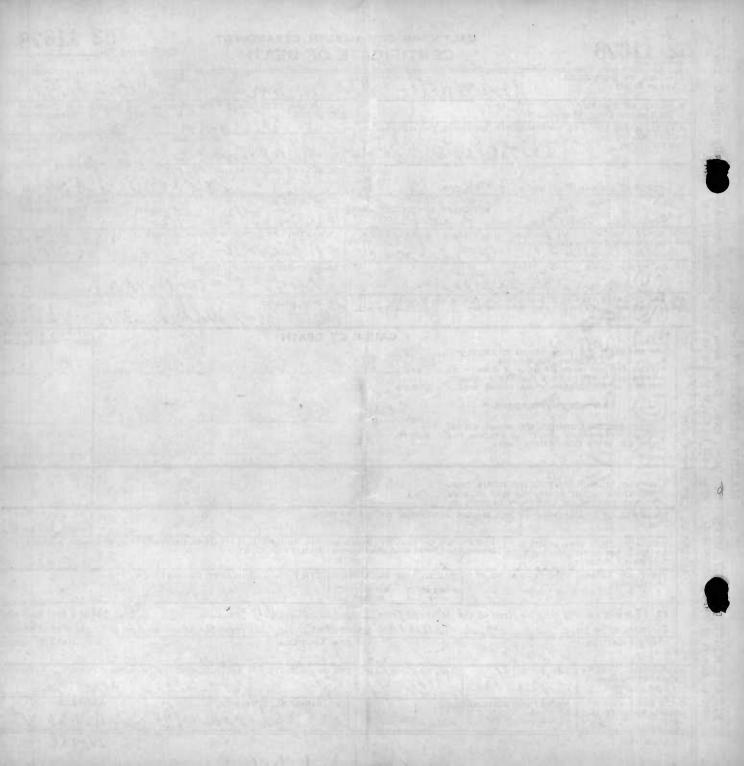
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township)

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days should be 5 SEX 6. COLOR-OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours WHOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL causes noul INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., RESERVED heart failure, nsthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION WITH important. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from 12 - 23- 1952 to 195 Zthat I last saw the PLEASE WRITE correct age is est deccased alive on 2 - 2 4 1952 and that death occurred at 12 40 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED HOPKINS HOSPITAL JOHNS 24C, NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Bunal DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

before admission)

township)

If Under 24 Hours

Unknown

20. AUTOPSY

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LOCAL REGISTRAR

VS 150

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	NAME OF THE PARTY	
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BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITA OR TOWN (If outside copporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) (If rural, give location D. STREET ADDRESS Yrs. 3 days Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARKIED, 8. DATE OF BIRTH If Under 1 Year last birthday) Months Days Hours Min. If Under 24 Hours AGE (In years WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Contractor U.S.A information ਹ Painting Sweden death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl Lundberg Ida Lundouist 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. item of 11 JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Ever RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 19 5 to\_ . 19J that I last saw the 22. I hereby certify that I attended the deceased from\_ 19 52, and that death occurred at 1220 Im., from the causes and on the date stated above. PLEASE WRITE correct age is esp deceased alive on /2 224 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED HOSPITAL LOCATION (City, town, or county) 24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY UNTRAC DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

	2 1168 IRTH NO.	32	CERTIFICAT		Registered	2 11682
1. (T	NAME OF E	HENR	Y ALLEN SWIFT		OF DEATH DEC	24, 1952
B. H	PLACE OF DEBUTE BALLIMORE OF THE PROPERTY OF T	City, Maryland  OF (If not in hospit  US Public H	al or institution, give street address or [ealth Service location)	C. CITY OR TOWN (If	where deceased lived. I and So, outside corporate limit	f institution: residence before admission MERSET its, write RURAL and give
1	Wyman pk	Drive & 31s	tal t street	Cris f	ield	township
		stay in Baltimore	? Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
	SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10/13/07		If Under 1 Year If Under 24 Hours Onths Days Hours Min.
10 work	A. USUAL OC k done during most Fish e	CUPATION (Give kind of of working life, even if retired)	10в. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY USA
13	Henry	Swif t		14. MOTHER'S MAIDEN NA		
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO. 222-07-2013	17. INFORMANT Records- US PHS		ADDRESS
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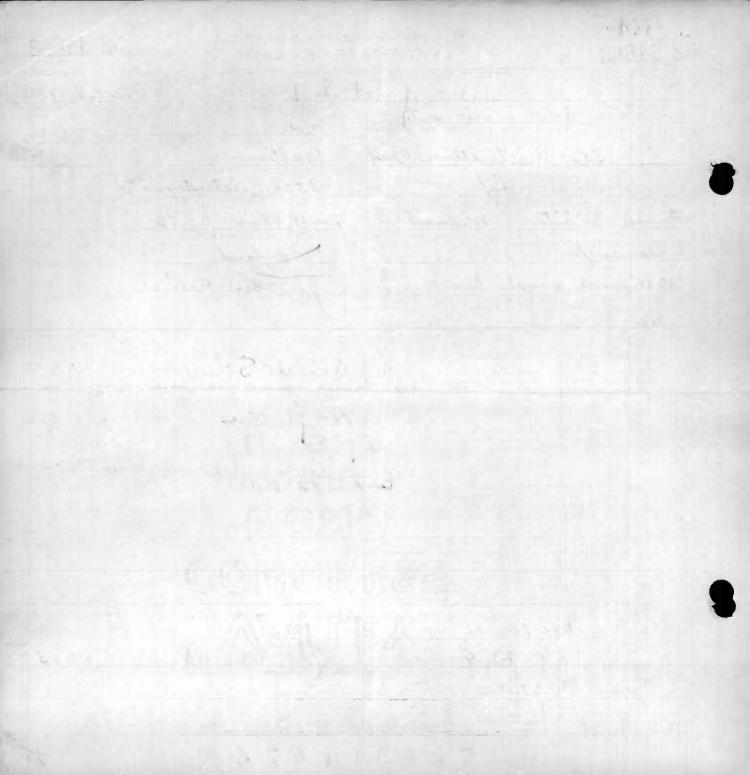
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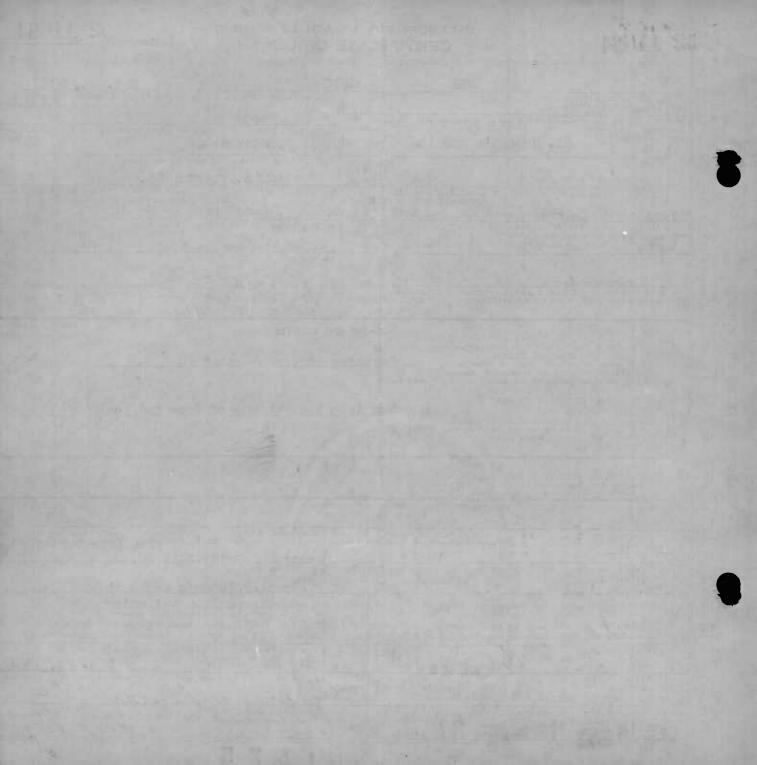
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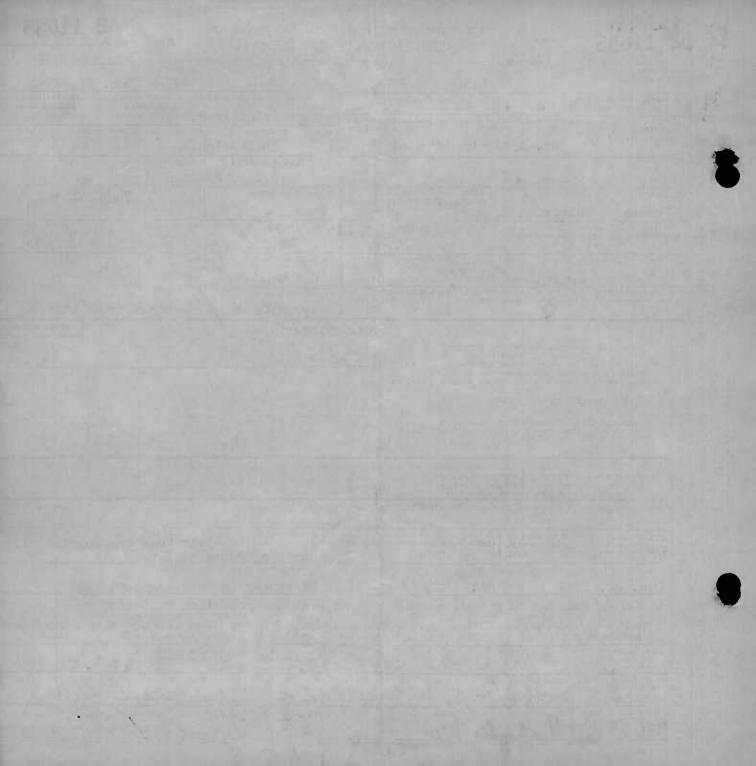
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RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside cornorat limits, write RURAL and give township) (If rural, give location) 9. AGE (In years) Il Undor 1 Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1927 that I last saw the 23c. DATE SIGNED ADDRESS

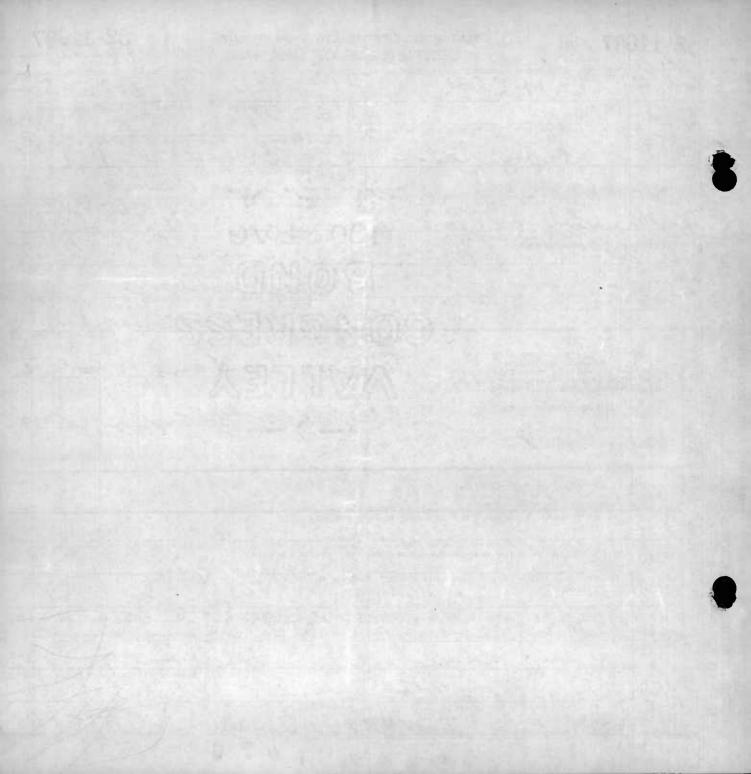




52 11685 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE DECEASED 1. NAME OF OF (Type or Print) LINDA BURNO Dec. 24, 1952 DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Pennsylvania B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Philadelphia D. STREET ADDRESS (If rural, give location) legibly Yrs. Mos. 622 N. Preston Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED! DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Munder | Year | Munder 24 Hours | Months; Days | Hours | Min. If Under 24 Hours and Female Colored should 12. CITIZEN OF 1. BIRTHE clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF SINESS OR INDUSTR work done during most of working life, even if retired) information is of death cle 13. FATHER NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 (If yes, give war or dates of service) SECURITY NO (Yes, no or unknown) of CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture of neck (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ..... MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES important. EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING A CAUSE OF DEATH. 21B, PLACE OF INJURY (e. g., in or INJURY OCCUR? Belair Road one-quarter mile about home, farm, factory, street, office hldg., etc.) road north of Putty Hill Road PLAINLY, secially impo Σ 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE OF INJURY WHILE AT Passenger in auto accident WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE and death in my opinion resulted from: natural causes [ ], accident M, suicide [ ], homicide [ ], undetermined [ ]. 2 23B, CHIEF MEDICAL EXAMINER .... Y 23c. DATE SIGNED 23A. SIGNATURE × ASSISTANT MEDICAL EXAMINER. age MEDICAL INVESTIGATOR. PLEASE 24A. BURIAL CREMA-24D/LOCATION (City, town, or couply) 248. DATEL 24C. NAME OF CEMETERY correct una DATE RECEIVED BY REGISTRAR'S SIGNATURE S 151



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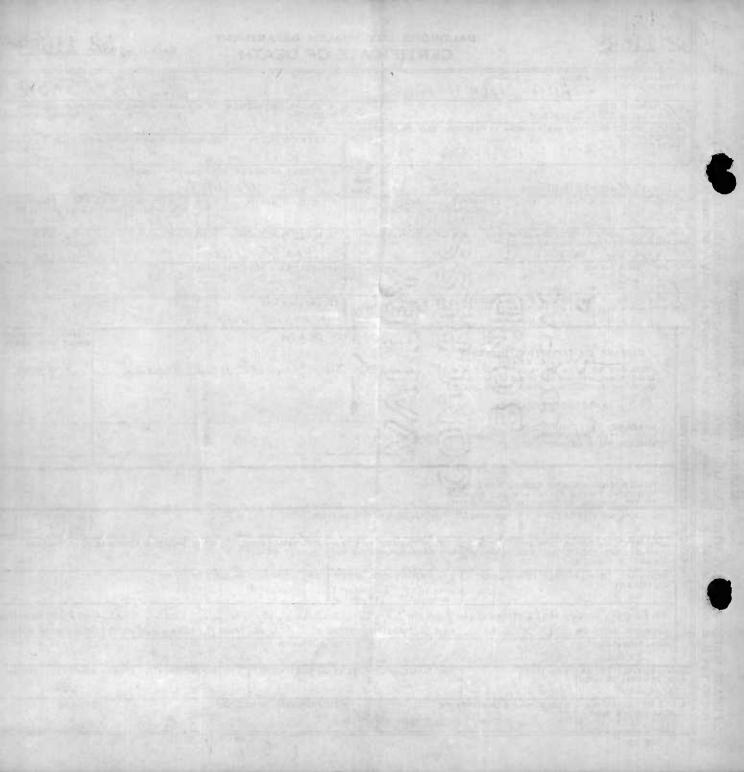
## BALTIMORE CITY HEALTH DEPARTMENT

52 11600

The	-	CERTIFICATI	E OF DEATH R	egistered No.	
	1. (T	NAME OF DECEASED DA TREPOLSKY	2. DAT OF DEA	11-15-57	
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where dece		
Illy su	H	FULL NAME OF (If not in hospital or institution, give street address or ospital or location) STITUTION 2300 WICHITA AJE	n _	proporate limits, write RURAI and give township)	
legions		Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)  2300 WICHITG AVE		
uld be	1000	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  HARRIED  WHITE HARRIED	8. DATE OF BIRTH 9. AGE last b	(in years     f Under   Year     f Under 24 Hours   irthday)   Months   Days   Hours   Min.	
on should clearly an		OA. USUAL OCCUPATION (Give kind of k done during must of working life, even if retired)  HOUSE WIFE	11. BIRTHPLACE (State or foreign coun	ntry) 12. CITIZEN OF WHAT COUNTRY	
information s of death cl	13	MOSES	14. MOTHER'S MAIDEN NAME	1 0 . 3 . 7	
of info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war nr detes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT SIMON TREPOLSINY -	ADDRESS	
ING INK. Every item of ins: please write the causes	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	to clastic heartile	INTERVAL BETWEEN ONSET AND DEATH  S Yron	
UNFADING Physicians: 1	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
H	1	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
LY, WITH important.	<b>AEDICA</b>	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., e	a pr 21c. WHERE DID (If in Baltiste.) INJURY OCCUR?	YES NO more City, give exact location)	
	~	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE M. WORK AT WORK		?	
WRITE P			red at 145 m., from the cause	, 19 Jy, that I last saw the s and on the date stated above.	
age is		meen skinh mu M.D.	2320 Intav 7/00 a	el 14272	
	TIC	Sural 12/26/1952 Mt 6 Car	mel Bel		
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS DI	

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## BALTIMORE CITY HEALTH DEPARTMENT

52 11689

Registered I CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Dec. 23, 1952 LUDWIG CARL FREVEL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, white RURAL and give INSTITUTION township) Harford Road Bal timore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3403 Harford Road c. Length of stay in Baltimore vrs. Davs 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year information should be Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Feb. 25, 1884 Married IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF USA COUNTR work done during most of working life, even if retired) INDUSTRX ermany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Karl Frevel Elizabeth Raufenbarth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 3403 Harford ROBRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO. No 6-01-8689 Mrs. Carrie 18. INTERVAL BETWEEN 44xX CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the Istation and Uramia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS ILY, WITH important. (If in Baltimore City, glve exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY PLEASE WRITE PL NOT WHILE 22. I hereby certify that I attended the deceased from Octobes 152 to Jean by 23 1952 that I last saw the 1950 and that death occurred at 410 h.m., from the causes and on the date stated above. deceased alive on Meduly 94 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) burial 26/ Immanue] Cemetery Baltimore. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR SON

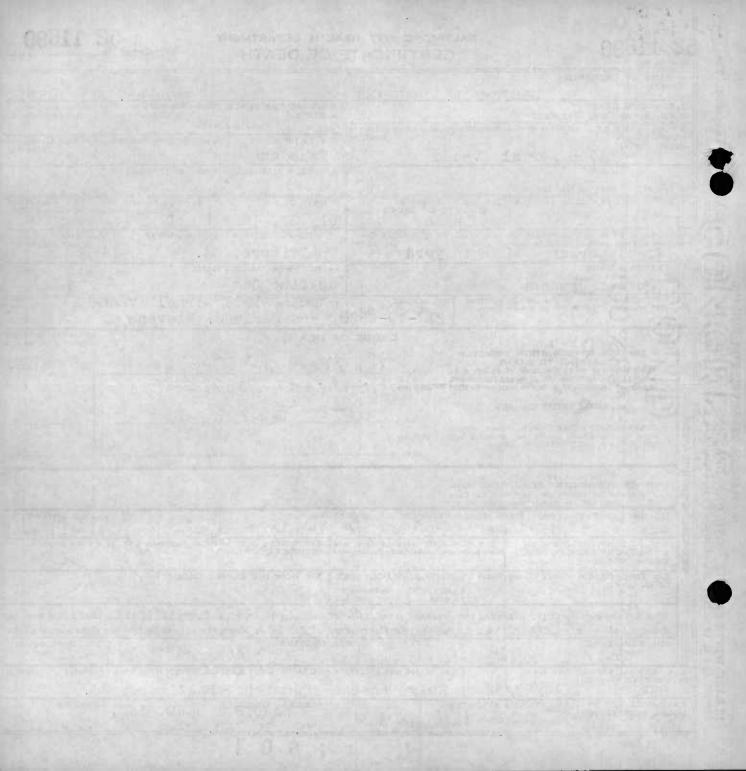
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B.	+550
The L	52 11690 BIRTH NO.
H	1. NAME OF DECE

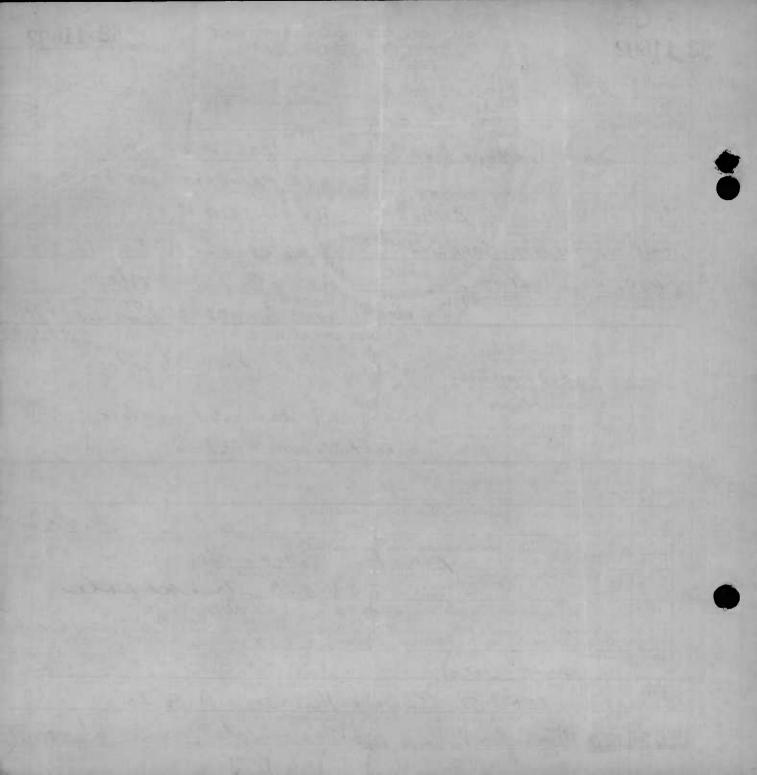
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## BALTIMORE CITY HEALTH DEPARTMENT

	IRTH NO.	U		CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF C	DECEASED GEO	DOF A	BAUMANN		2. DATE OF DEATH DOC	24 1952
	PLACE OF D	EATH:	IUTE H	DAUMANN	4. USUAL RESIDENCE	Where deceased lived, I	f institution : residence
100	FULL NAME	City, Maryland  OF (If not in hospit	al or instituti	on, give street address or	A. STATE Maryla	nd B. COUNTY	before admission)
	OSPITAL OR			location)		f outside corporate lim	its, write RURAL and give
1	1)	1708 Norma	l Aven	ue	Pasadena	62-0	township)
-				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
2700000		tay in Baltimore		Days			
	. SEX	6.COLOR OR RACE	WIDOW	, MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		I Under I Year If Under 24 Hours Ionths Days Hours Min.
_	M M	W	Sin		July 21, 1892	60	
work	k done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		USA
12	STEEL B. FATHER'S	worker	snip	yard	Baltimore, M		USA
13					14. MOTHER'S MAIDEN N	IAME	
15		oh Baumann			Justine Gaa		
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	of service)	16. SOCIAL SECURITY NO. 212-09-292	17. INFORMANT1708		ADDRESS
	no			212-09-292	D Mrs Marie J	. Stevens	
	18. 18	/ X 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEAT	TH	( )	MICAID OF T	U F	1510 +1
	(This does heart failt	s not mean the mode oure, asthenia, etc. It mea	f dying, e.g. ns the disease	(A)	NCER OF T	7	15Month
	injury or	complication which c	aused death.	DUE TO U	RINARY BLA	PODER	A
z		ANTECEDENT CAUS		(B)W.i	th Recurr	Rence	
HOL	RISE TO T	S OR CONDITIONS, II	STATING THE	3			
4	UNDERL	YING CONDITION LA	ST.	(C)		***************************************	
FIC	-		***				
RT		II SIGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
L	C - 1	1		FINDINGS OF OPER			20. AUTOPSY?
CAL	SEPTEM				= BLADDER		YES NO
MEDI		R CONTRIBUTING DEATH		CE OF INJURY (e. g., i irm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
~	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	m. WHILE AT NOT WHILE AT WORK						
	22. I herel	y certify that I att	ended the	deceased from Dec	ember 23, 1952, to D	ecemberry 195	, that I last saw the
	deceased alive on December 1952, and that death occurred at 8.40 Am., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE						
_	4A. BURIAL.	relin n.	me		5000 OLD FRED		
TIC	ON, REMOVAL (	Specify)			RY OR CREMATORY 24D. L		
_	burial	12/27/			mer Cemetery	Baltimore,	
	ATE RECEIVE		- Francis 1 /3 /	lliaus. M.D.	HENRY SANDER &	SONS, INC	James Sander
	VS 150		30-0	0 0-0-	011601	/ /	
11		*	13 25	- 485	30001		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF EUGENE BURNHAM December 23. DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE before admission) A. Baltimore City, Maryland B. COUNTY Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City Morgue Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 19 S. Broadway c. Length of stay in Baltimore Days AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours should be early and 1 WIDOWED DIVORCED (Specify) Male 15uclound White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME momas BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. item of in CAUSE OF DEATH 77101 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute alcoholism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) .... MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X WITH important. 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D, TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especially AT WORK WORK Autopsy 22. I certify that I took charge of the remains described above, held an .. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above WRITE and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B, CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER age Dec. MEDICAL INVESTIGATOR. PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 2 B. DAM 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) correct ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR oute1701-03, 1 V S 151



y supplied. The

Every item of information should be write the causes of death clearly and legibl

UNFADING INK. Physicians: please

LY, WITH

MARGIN RESERVED FOR BINDING

5	2 11693	BALTIMORE CITY HE		Registered N	04 11693
В	BIRTH NO.	CERTIFICATE	E OF DEATH	registered 1	10.
	NAME OF DECEASED Type or Print) Hercelia F.	Lloyd		2. DATE OF DEATH DEC	.25.1952
A	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		
H	OSPITAL OR	stitution, give street address or location)	c, CITY OR TOWN (If	outside corporate limit	s, write BURAL and give township)
1	O Windsor Nursin	19 Home	Balto.	12	O CONTINUE
C	Length of stay in Baltimore	Yrs. Mos. Days	3545 Kesul	ural, give location)	
_	SEX 6.COLOR OR RACE 7. SII	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	onths Days Hours Min.
1 (	OA. USUAL OCCUPATION (Give kind of 108. I rk done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife	Itome.	Virginia		U.S.A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
1: (Ye	5. WAS DECEASED EVER W S. ARMED FORCE es, no or unknown) (If yes, give war or dates of services)	ES?   16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
`	no	SECONITI NO.	Mr. Douglas Lloya	-3114 M:11	ford Ave.
	18. 592X I	CAUSE (	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC  LEADING TO DEATH  (This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused on the state of the sta	r, e.g., (A) Colo	epise Below	alo	1950
	ANTECEDENT CAUSES	Chr.	· mejocantile	7	1940
Z O	DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	0 1		
CATI	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST,	(C)	Interstitue ?	ref holis	1940
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	ELATED			
Ĭ	19a. DATE OF OPERATION   19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Y	0				YES NO
MEDICAL		. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (If	in Baltimore City, a	give exact location)
-	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			

correct age is especially PLEASE WRITE PL

1957 to Ass 195 that I last saw the 22. I hereby certify that I attended the deceased from Ap and that death occurred at 325 A.m., from the causes and on the date stated above. deceased alive on Dec 24 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Buria DATE RECEIVED BY LOCAL REGISTRAR

248. DATE

Dec. 27, 1952 orraine

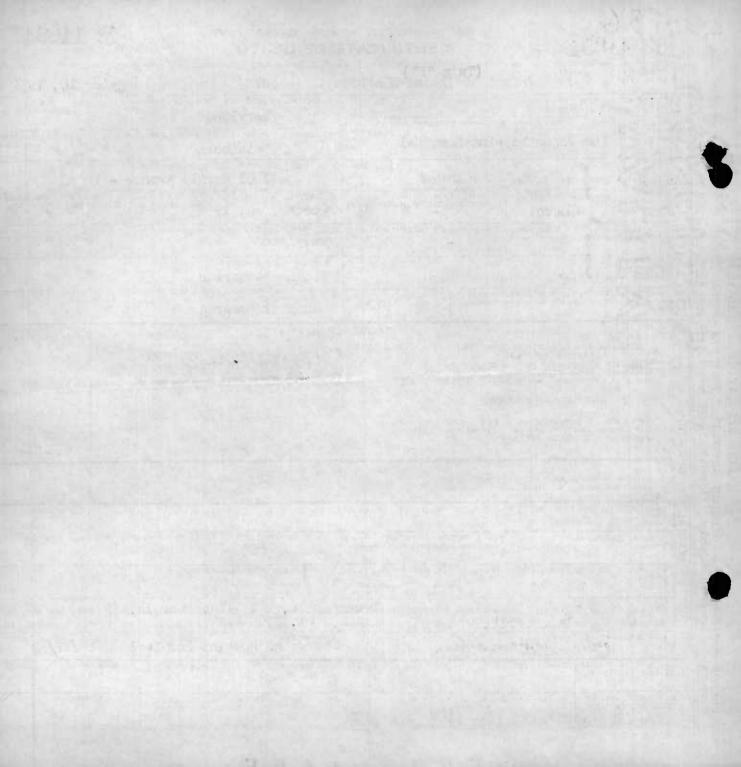
24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR

ADDRESS

(State)

T. Stansbur 2700 Edmondson THE REPORT OF THE PARTY OF THE

1	500	604		ITY HEAL	TH DEPARTME	NT	52 11694
В	IRTH NO.	30430018		CATE	OF DEATH	Register	ed No.
(T	(Twin "B") (Type or Print)  Infant of Thelma Smother				(414078)	of Dec	ember 14, 195
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland				USUAL RESIDENCE STATE Maryla	E (Where deceased live	d. If institution : residenc
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION The Johns Hopkins Hospital				CITY OR TOWN		limits, write RULAL and
3					Baltin	nore	town
	Length of s	stay in Baltimore	Infant	Mos.		(If rural, give location syrtle Avenue	
5.	. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	10	DATE OF BIRTH		
	Male	Negro	-	ре	cember 14, 1		Months Days Hours
worl	k dooe during most	CCUPATION (Give kind of of working life, even if retired)			BIRTHPLACE (State laryland	or foreign country)	12. CITIZEN OF WHAT COUN
13	Leon Sm				MOTHER'S MAIDE		
15		ED EVER IN U. S. ARMED	FORCES?   16. SOCIAL		helma Hender	rson	
(Ye	es, no or unkoowo)	(If yes, give war or dates	of service) SECURIT	Y NO. H	ospital Reco	rds	ADDRESS
NO	heart failt injury or DISEASE	s not mean the mode of ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, 18	ns the disease, aused death.) OUE TO SES  FANY, GIVING		rematu	ny	
RTIFICATION	DISEASE. RISE TO TUNDERLY	are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	rs the disease, eaused death.) OUE TO SES  FANY. GIVING STATING THE OUE TO ST. (C)		iemani	ny	
TIFICA	DISEASE RISE TO TUNDERLY  OTHER S TRIBUTING TO THE D	Ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	raused death.) OUE TO SES  FANY, GIVING STATING THE OUE TO ST.  (C)  TIONS CON- NOT RELATED CAUSING IT.			ny	
CERTIFICA	DISEASE RISE TO TUNDERLY  OTHER S TRIBUTING TO THE D	Ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	raused death.) OUE TO SES  FANY, GIVING STATING THE OUE TO ST.  (C)  TIONS CON- NOT RELATED			ny	
CERTIFICA	DISEASE. RISE TO TUNDERLY  OTHER STRIBUTION TO THE DISEASE. 19A. DATE COLOR	ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT SISTANCE OR CONDITION OF OPERATION PENT WAS UNDER- R CONTRIBUTING	raused death.) OUE TO SES  FANY, GIVING STATING THE OUE TO ST.  (C)  TIONS CON- NOT RELATED CAUSING IT.	F OPERATIO			20. AUTOPS YES NO
AL CERTIFICA	DISEASE RISE TO T UNDERLY  OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCIE LYING O CAUSE OF	ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION DENT WAS UNDER- R CONTRIBUTING	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY about home, farm, factory, street, o  (Hour)  21E. INJURY O WHILE AT N	F OPERATION Y (s. g., in or	ON 21c. WHERE DID	(If in Baltimore Co	YES NO
CERTIFICA	OTHER STRIBUTION TO THE DOLLAR SELECTION TO THE DOLLAR	ANTECEDENT CAUSE  SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA  GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION  DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	raused death.) OUE TO  SES  (B)  FANY, GIVING STATING THE OUE TO  ADDITIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS O  21B. PLACE OF INJURY about home, farm, factory, street, oue  (Hour) 21E. INJURY O  WHILE AT N  WORK	F OPERATION  Y (e. g., in er  office bidg., etc.)  OCCURRED  OT WHILE  AT WORK	21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJ	(If in Baltimore Court	YES NO
CERTIFICA	DISEASE RISE TO TUNDERL'  OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCIL LYING OF CAUSE OF 210. TIME OF INJURY  22. I hereb deceased a	ANTECEDENT CAUSE  SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION  PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	raused death.) OUE TO  SES  FANY, GIVING STATING THE OUE TO  STATING THE OUE TO  STATING THE OUE TO  CAUSING IT.  9B. MAJOR FINDINGS O  21B. PLACE OF INJURY about home, farm, factory, street, o  WHILE AT N WORK  ended the deceased from  14952 and that deat	F OPERATION  Y (e. g., in or office bldg., etc.)  OCCURRED OT WHILE AT WORK  The occurred of the occurred oc	21c. WHERE DID INJURY OCCUR?  21f. HOW DID INJ  r 11, 152, to. at 1.15 Pm., fro	(If in Baltimore Court occur?  December 14, 3  m the causes and court occurs and court occurs and court occurs occ	yes No.  No.  No.  No.  No.  No.  No.  No.
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DISACTION TO THE	ANTECEDENT CAUSE  SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION  PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  TO CERTIFY that I att	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY about home, farm, factory, street, o  (Hour) 21E. INJURY O  WHILE AT N  ended the deceased from	F OPERATION  Y (s. g., in or office bldg., etc.)  OCCURRED OT WHILE OF OR WORK  TO DECEMBE  A occurred  M. O.	21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJ  r 11, 152, to at 1.15 Pm., fro	(If in Baltimore Court occur?  December 14, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	yes No.
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DOCAUSE OF INJURY  21A. ACCID LYING OF INJURY  22. I hereby deceased a 23A. SIGNATION, REMOVAL (SECONDER)	ANTECEDENT CAUSE SOR CONDITIONS, IF THE ABOVE CAUSE (A) FING CONDITION LA  BIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  TURE CREMA- Specify)  24B. DATE	TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS O  21B. PLACE OF INJURY about home, farm, factory, street, o  WHILE AT NORK  ended the deceased from  11952 and that deat  2AC. NAME OF 10	F OPERATION  Y (s. g., in or office bldg., etc.)  OCCURRED OT WHILE OF OR WORK  TO DECEMBE  A occurred  M. O.	21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJ  r 11, 152, to at 1.15 Pm., fro	(If in Baltimore Court occur?  December 14, 3  m the causes and court occurs and court occurs and court occurs occ	yes No.
MEDICAL CERTIFICA	DISEASE RISE TO TUNDERLY  OTHER STRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF INJURY  22. I hereb deceased a  23A. SIGNA	ANTECEDENT CAUSE  SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION  PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  TURE  CREMA- CREMA- PEGISTRAR  24B. DATE	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY about home, farm, factory, street, o  (Hour) 21E. INJURY O  WHILE AT N  ended the deceased from	F OPERATION  Y (e. g., in or office bldg., etc.)  OCCURRED  OT WHILE  AT WORK  December  A occurred  CEMETERY OF	21c. WHERE DID INJURY OCCUR? 21f. HOW DID INJ  r 11, 152, to at 1.15 Pm., fro	(If in Baltimore Court occur?  December 14, 14, 14, 14, 14, 14, 14, 14, 14, 14,	yes Note that I last sand the date stated at 12/17/52



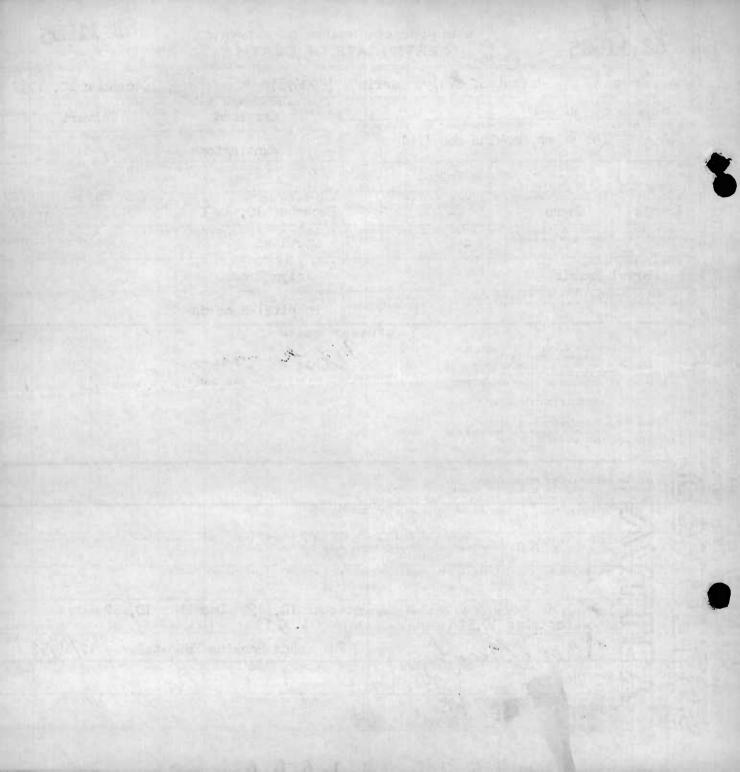
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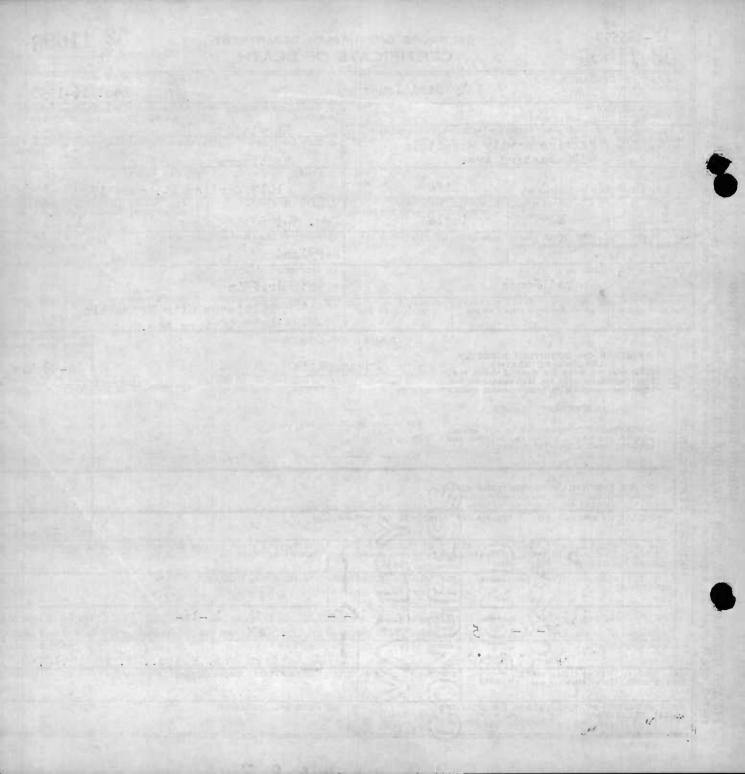
BINDING

FOR

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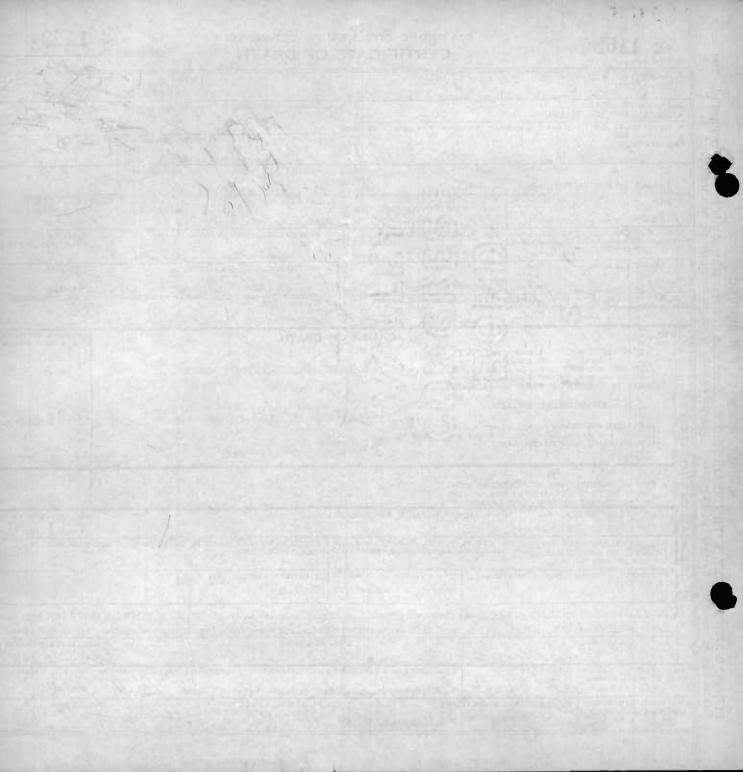
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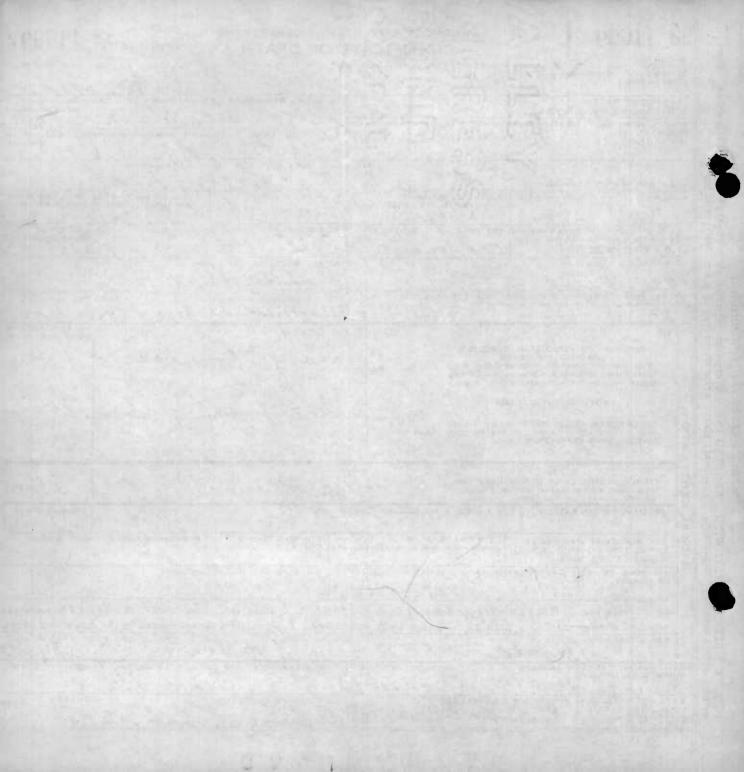
MI		2-36		
VV	C	BALTIMORE CITY HI	EALTH DEPARTMENT	52 11697
The	) C	CERTIFICAT	E OF DEATH	Registered No.
	1.	NAME OF DECEASED BAPTIST WACH	ITER	2. DATE OF DEC. 24,1952.
supplied,	3. A.	PLACE OF DEATH: Baltimore City, Maryland 29220'DONNELL ST.	4. USUAL RESIDENCE (Whe	ere deceased lived. If institution : residence B. COUNTY before admission)
lns .	B. H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	MD.	itside corporate limits, write RURAL and give
7. A.	IN	ISTITUTION		MORE (township)
legib	c.	LIFE Yrs. Mos. Davs	D. STREET ADDRESS (If rus	ral, give location) O'DONNELL ST.
d b	5.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (In years if Under 1 Year last birthday) Months Days Hours Min.
information should s of death clearly ar	MOL	DA. USUAL OCCUPATION (Give kind of k done during moet of working life, even if retired)  CHAUFFER  10B. KIND OF BUSINESS OR INDUSTRY  LFIMBACH HDWE	11. BIRTHPLACE (State or fore	WHAT COUNTRY?
atior th c	-	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	
ormati		GEORGE WACHTER	MARGARE	
	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  s. no or unknown) (If yes, give war or dates of service)  16. SOCIAL  SECURITY NO.	NONA P. WACHT	TER 2927 O'DONNELL
Every item of i	-	213 00 1110	OF DEATH	INTERVAL BETWEEN
y iten		7 4 2 % 1	1	ONSET AND DEATH
ery e th		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	bronie Myse	ardius
Ever		injury or complication which caused death.) DUE TO	11/14/	
	Z	ANTECEDENT CAUSES	typerlander	17
INK.	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Il land School	72013
	V	UNDERLYING CONDITION LAST.	expour cor	
UNFADING Physicians:	RTIFI	II		
NF	Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
-	L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
WITH rtant.	CA	21A ACCIDENT WAS LINDED   21B. PLACE OF INJURY (e.g.,	In or   21c. WHERE DID (If	in Baltimore City, give exact location)
LY, WITH	MEDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
y ir.	-	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY		OCCUR?
Sian		m.   WORK AT WORK	May 7 105V. des	set 108 Villa I I I I I I I I I I I I I I I I I I
E I		deceased alive on the 27, 19 7, and that death occu	rred at 500 Pm., from the	causes and on the date stated above.
RIT is e			23B. ADDRESS	23c. DATE SIGNED
og A		Hoseph Journey M.D.	Het Is telloon	1 1 1 1 1 1 1 1 1
[-] (5)	2.	4A. BURIAL/CREMA- 24B. DATE 24C/NAME OF CEMETE	RY OR CREMATORY   24D. LOC	CATION (City, town, or county) (State)
PLEASE WRITE P.	Ti	ON. REMOVAL (Specify)	WN CEM. 722	CATION (City, town, or county) (State)  5 EASTERN BLVD., M

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

52 11693 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATA lly supplied. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limit, write RURAL and give C. CITY OR TOWN INSTITUTION township) more Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months! Days Hours! Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Temole Varreed 10A. USUAL OCCUPATION (Give kind of work done during most of working like twen if retired) 10B. KIND OF BUSINESS OR . BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY information s s of death cles 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eorge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO item of 1r 18. INTERVAL BETWEEN CAUSE OF DEATH 420 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO advorsaula Duice ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-回 TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ILY, WITH important. YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE Dec. 22. I hereby certify that I attended the deceased from\_\_\_ Feb. , 1952, to\_ , 1952, that I last saw the PLEASE WRITE correct age is esp deccased alive on Dec. 2424, 1952, and that death occurred at 6:30 &m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 244 RURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or county) muria DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR ALALLAD-VS 150 1 1 6

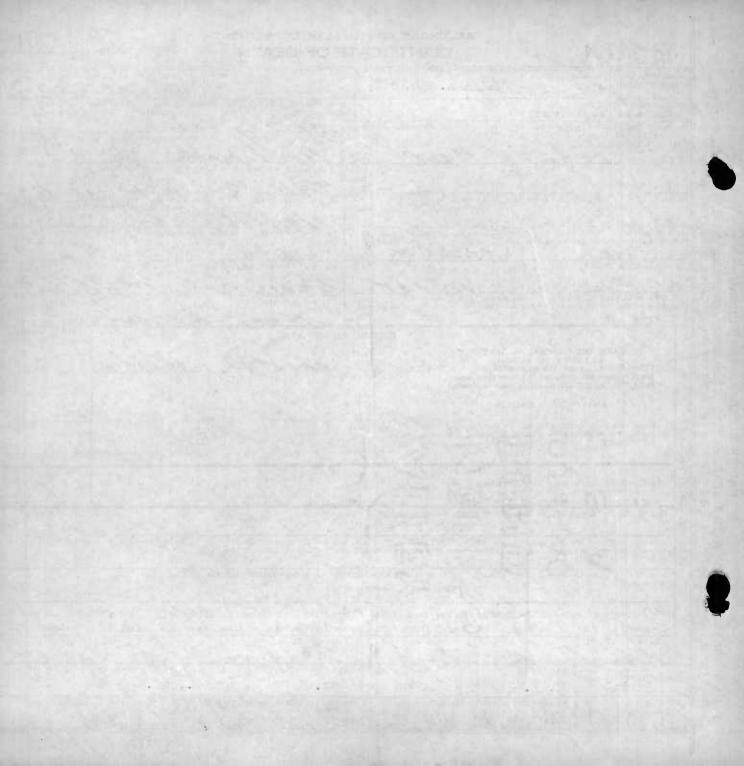




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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE THELMA E. AHMAN OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: resid A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limit, write RUITAL and give INSTITUTION MERCY HOSP Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5566KUSS1713 should be 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | 1 Under I Yest | 1 Under 24 Hours | Identified | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s Clerk Criminal Court 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO. y item 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY wyalignest the bettersion LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE: TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from .... . 19 that I last saw the PLEASE WRITE correct age is esp deceased alive on 124 1, 1952 and that death occurred at 12 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL. CREMA-248, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Balto, Md. 12.27.52 Loudon Park Cem. Burial 25 TUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE CARRIE O. ROSS Dec. 23, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or Md. 3420 Gwynns Falls Pkwy location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 31,20 Gwynns Falls Pkwy. Days 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) female white

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apr 11, 1870 82
11. BIRTHPLACE (State or foreign country) widowed 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? Maryland Housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Desdemona Thomas George Bowen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL Mrs. Mabel Irwin - 3420 Gwynns Falls Pkwy. SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Virus pneumonia 7 days heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) cardio vascular disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from Dec. 16, 1952 to Dec. 23, 1952 that I last saw the deceased alive, on Dec. 23 19 52 and that death occurred at 10 30, from the causes and on the date stated above. 23A, SIGNATURE M. o. 2220 Garrison Elva 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 12/26/52 Island Creek Ch. Cem. Island Creek, Md. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

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## BALTIMORE CITY HEALTH DEPARTMENT

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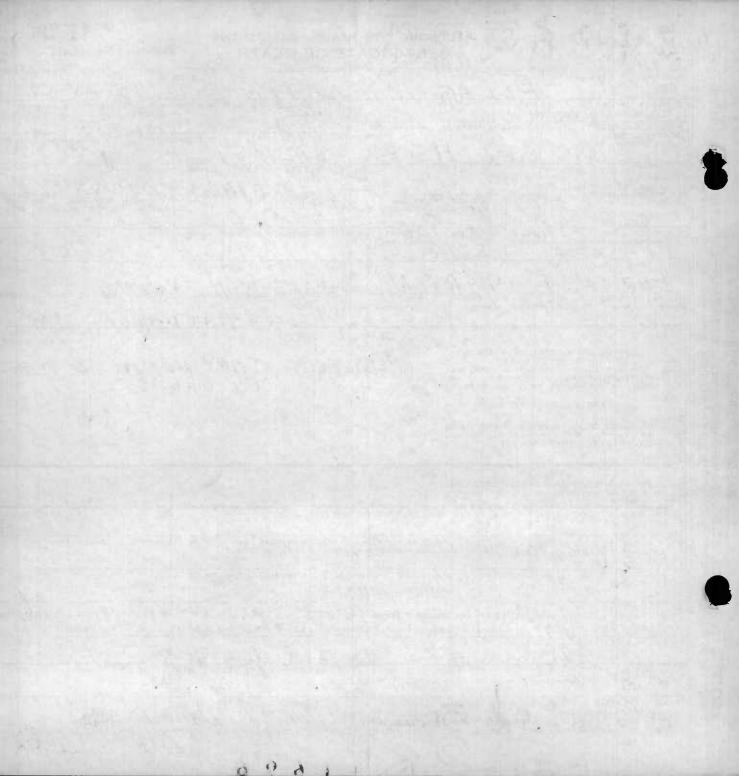
D'	ВІ	2 11703 CERTIFICATI	E OF DEATH Registered No.	11703					
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supplied	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before admission)					
lly su	B. HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR ISTITUTION (ISTITUTION) (I	C. CITY OR TOWN (If outside corporate limits, w	rite (eURA) and give (waship)					
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uld be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years last birthday)  Month						
on should clearly ar	Work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	WHAT COUNTRY?					
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orm	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	filia portder						
info s of		s, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Mr. Gordon Gambrill - 217 South						
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iten		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH					
Every item write the cau		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	had hemorrhage	Dec. 23					
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re Ph. especially		22. I hereby certify that I attended the deceased from Bec.	23 , 1952, to Dec. 24 , 1954, t	hat I last saw the					
		deceased alive on bee. 24, 19 22, and that death occur		date stated above.					
PLEASE WRI correct age is		Carlo easler M. D.	Muian Memorial Hapital	Dec. 24. F2					
PLEASE W	2. TI	4A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETE		county) (State)					
EAS		Burial  12/27/52   Loudon Park		DDR <i>E</i> SS					
PL		OCAL REGISTRAR REGISTRAR'S SIGNATURE	Wm. J. Vickener 4	Sars.					
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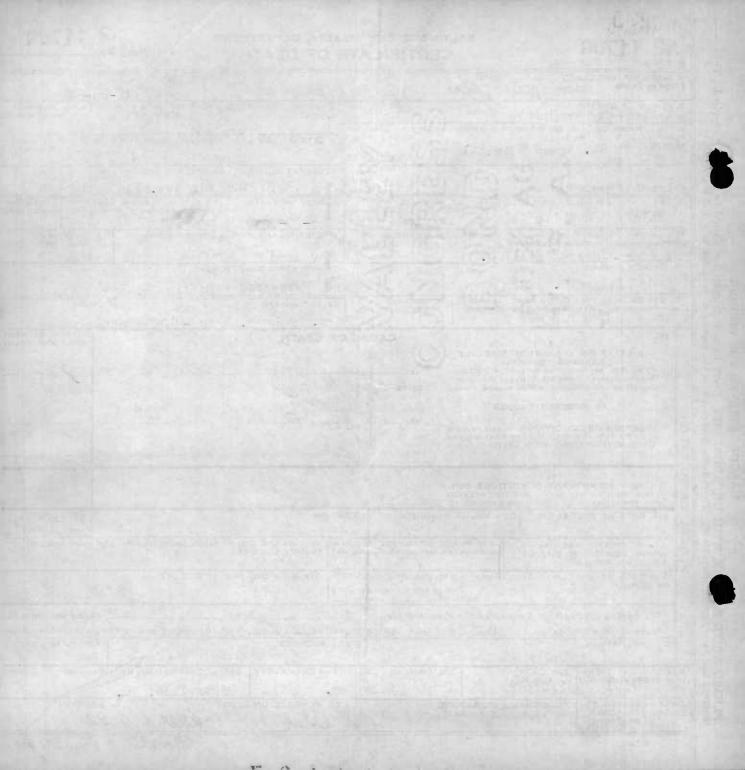
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The		IRTH NO. CERTIFICATI	E OF DEATH	Registered No.
		NAME OF DECEASED FLLA CANM	ARTIN	2. DATE OF DEATH /2-25-52
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ns A	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If ou	BALTO. tside corporate limits, write RURAL and give
	1	MD. GEN. HOSP.	BALTO.	2 fownship)
egrib	C.	Length of stay in Baltimore 7	0. STREET ADDRESS (If run	ral, give location)  CWAY PD#18
d be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIER, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH	AGE (in years   H Under I Year   H Under 24 Hours last birthday)   Months Days   Hours Min.
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on shoul	wor	k done during most of working life, even if retired)  TEACHER  SCHOOL	MD.	WHAT COUNTRY
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of de	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Ms. no or unknown) (If yes, give war or dates of service) SECURITY NO.	JANE IT. AE	ADDRESS
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Ever		injury or complication which caused death.) OUE TO	OF B	REAST
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	ū	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	
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y in	_	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	21F, HOW DID INJURY C	OCCUR?
ciall		m.   work   AT WORK	-2-A- 10 C2. /:	7 - 7 5 10 57 11 11 11
TE Prespecti		22. I hereby certify that I attended the deceased from 12 deceased alive on 2-25, 1952, and that death occur	red at 2:20 Am., from the	eauses and on the date stated above
RI			3B. ADDRESS	23c. DATE SIGNED 12.25-52
age	2.4 TI	4A. BURIAL, CREMA-1/24B. DATE 24C. NAME OF CEMETE		ATION (City, town, or county) (State)
PLEAS		Burial 12/29/52 Loudon Park ( ATE RECEIVED BY   REGISTRAR'S SIGNATURE	Cem. Balto.	, Md.
PI		OCAL REGISTRAR Tuntington Villagus M.F.	Wm. J. Vul	ener & sms
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supplied.		Baltimore		and			4. USUA		(Where deceased lived B. COUNTY	I. If institution	
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be d legibl		Length of s	tay in Balt		7. SINGL	Yr. Mo Da:	3.   78		f rural, give location  win Ave. #]  9. AGE (In year)	6	r   II Under 24 Hours
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Alla		OF INJURY	(Month) (Day	y) (Year)	(Hour) m.	21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	LE	ULMI DID WOH	RY OCCUR?		
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ASE oct ag	710	AA. BURIAL.	Pecify) 12/	27/52		24c. NAME OF CEME Druid Ridge			LOCATION (City, to		y) (State)
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PLEASE WRITE PL. JY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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(Ye	n, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NO	17. INFORMANT		DDRESS 305 MAINE ST
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	Z SIGNA	La Juins	ull	Ar. M. D. 2	U mun Mem	oud Hospital	DEL. 25, 1452
Z. TI	on REMOVAL (S Burial	CREMA- 248. DATE 12/29/5		Druid Ridge		Pikesville, Md.	, or county) (State)
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## BALTIMORE CITY HEALTH DEPARTMENT

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	RTH NO. CERTIFICA	TE OF DEATH Registered No	
1.	NAME OF DECEASED ype or Print)	1/20King Sa 2. DATE OF	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	23-52 stitution: residence before admission)
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worl	ARTIST NEWS PAPER		WHAT COUNTRY
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Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP		
	m. WHILE AT NOT WHI	к 🗀 1	
- 49	22. I hereby certify that I attended the deceased from Ladeceased alive on 12:23, 1952 and that death occ		
	23A SIGNATURE SOLIS & M.D. M.D.		23c. DATE SIGNED
24 TIC		TERY DR CREMATORY 240. LOCATION (City, town, or	county) (State)
- K	Surial Dec 26/52 Stone Chap	25. FUNERAL DIRECTOR	popess
LC	SEC 26 1059 Tuntington Williams M.J.	Foring Byone 5005 Pk 3	Halita die

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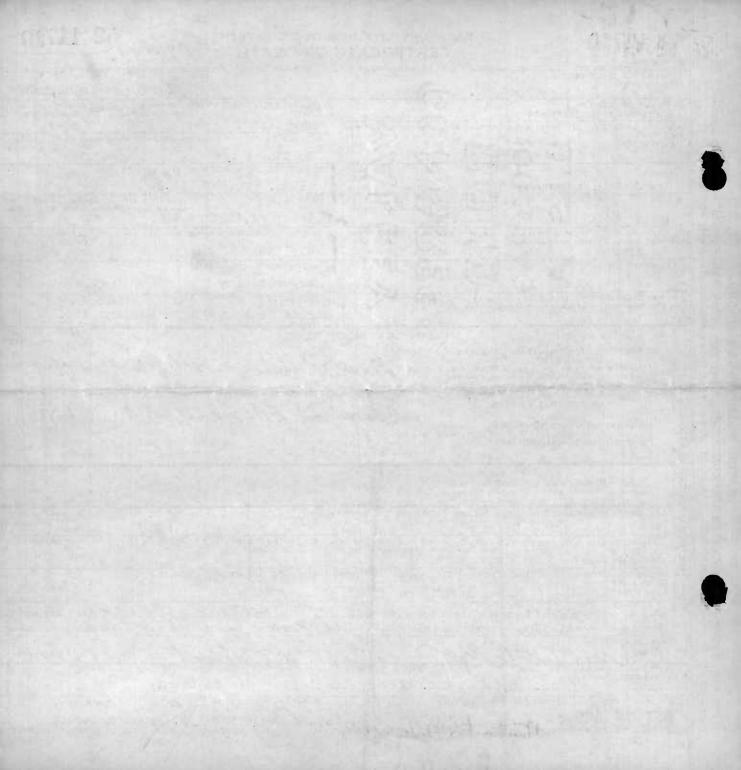
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9. AGE (In years If Under I Year If Under 24 Hours last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 414 N. Fremont Ave. INTERVAL BETWEEN ONSET AND DEATH (A) Myocardial Degeneration
(B) Generalized Aderio Schools 20. AUTOPSY YES (If in Baltimore City, give exact location) , 1951, to Dec. 22 , 1957, that I last saw the 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) ADDRESS Rayner Sanders 217 E. Preston Street

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	NAME OF Di ype or Print)	ECEASED	Ratu	me	nee		2. DATE OF DEATH	12-2	24-5-2
Α.		ity, Maryland			4. USUAL RESID	ENCE (W)	nere deeeased l B. COUN		itution: residence before admission)
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			- July	25 Nos. Mos.	D. STREET ADDR	ESS (If r	ural, give local	cion)	
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work	done during most o	f working life, even if retired)	IOB. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	e The	eigh country)	12.	WHAT COUNTRY?
13	FATHER'S		1 1		14. MOTHER'S M.	AIDEN NA	ME		00.707
15	. WAS DECEASE	DEVER IN U. S. ARMER	FORCES?	6. SOCIAL	17. INFORMANT	~ 1		ADDF	DECC
(Ye	s, no or nnknown)	(If yes, give war or date	a of service)	SECURITY NO.	alvata	Henro	n-719	Pule	rati St
	18. 47	2.21		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failu	E OR CONDITION LEADING TO DEA not mean the mode of the complication which is not considered.	TH of dying, e.g., ons the disease,	(A)	diac Dr	lata	ton	***************************************	2 days
		ANTECEDENT CAUS	SES	He	minlie				
TION	RISE TO T	OR CONDITIONS, IN	STATING THE	(B)			••••••	•••••••••••••	
<	UNDERLY	ING CONDITION LA	ST.	(C)	Nyoca	edit	5	***************************************	
ERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATED					>	
U		F OPERATION 1		INDINGS OF OPER	ATION	***************************************			20. AUTOPSY?
EDICAL	21A ACCID	ENT WAS UNDER-	1 21s PLAC	E OF INJURY (e. g., i	n or   21c. WHERE	DID (If	in Raltimore	City, give	exact location)
MED	LYING OF	CONTRIBUTING	about home, farm	a, factory, street, office bldg.,					
2	21D. TIME OF INJURY	Month) (Day) (Year)		E. INJURY OCCURR		YRULNI C	OCCUR?		
			nı. W	ORK AT WORK			0 -04		
	deccased at	y certify that I att live on 12-24	tended the de	d that death occur					hat I last saw the
	23A, SIGNA		Boll		3B. ADDRESS	Mou			3c. DATE SIGNED
24	4A. BURIAL, C	REMA: 24B. DATE	24	C. NAME OF CEMETE	RY OR CREMATORY	, , ,	CATION (Cit	y, town, or o	
	ON, REMOVAL (S	e 12-21	7-52	Western x	Stan am		Ba	ble	Mol
	ATE RECEIVE		1 1/1	Hama M.D	25. FUNERAL DI	RECTOR	18.	Pl AE	DDRESS
639	ma Tall	wall frances	Alvens 1 11	VATALYPPIA LASTON	1) www.	- //,	Jun	wells	~ ~U

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CHEMICALE OF DEATH

3. PLACE OF DEATH:

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UNFADING Physicians: MARGIN

> important. EDICA

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RESERVED

## BALTIMORE CITY HEALTH DEPARTMENT

Mos.

Days

CAUSE OF DEATH

A. STATE Md.

C. CITY OR TOWN

8. DATE OF BIRTH

Balto.

52 11743

before admission)

DEATH Dec. 23, 1952

(If outside corporate limits, write RORAL and give

If Under 1 Year

Months Days Hours Min.

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

Registered N CERTIFICATE OF DEATH

Wm.	E.	Re	11	ly

WIDOWED, DIVORCED (Specify)

DUE TO

DUE TO

108. KIND OF BUSINESS OR

A Baltimore City, Maryland 725 Linnard St. B. FULL NAME OF

(If not in hospital or institution, give street address or HOSPITAL OR

INSTITUTION Yrs.

c. Length of stay in Baltimore

6. COLOR OR RACE

7. SINGLE, MARRIED Male White 10A. USUAL OCCUPATION (Givekindof)

ork done during most of working life, even if retired)
Driver-Salesman

13. FATHER'S NAME

(Yes, no or unknown)

18.

Yes

Balto . Towel Co. Service

Single

Reilly Cornelius M. 16. SOCIAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 215-03-1109

22.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

NOT WHILE 22. I hereby certify that I attended the deceased from\_

deccased alive on Die 23, 1957, and that death occurred at 23A. SIGNATURÉ

24A. BURIAL, CREMA-248, DATE

Burial (Specify) 12/27/52 DATE RECEIVED BY | REGISTRAR'S SIGNATURE

LOCAL REGISTRAR Shan Lagor Cac

25. FUNERAL DIRECTOR E.I. Fanning & Son 3207 W. North Ave.

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

ADDRESS

June 10. 1894 11. BIRTHPLACE (State or foreign country) Balto.Md

D. STREET ADDRESS (If rural, give location)

725 Linnard St.

14. MOTHER'S MAIDEN NAME

Mary Gilboy

17. INFORMANT

ADDRESS Miss Rose Reilly 725 Linnard St.

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

B. COUNTY

9. AGE (In years)

ust birthday)

ONSET AND DEATH

20. AUTOPSY

(If in Baltimore City, give exact location)

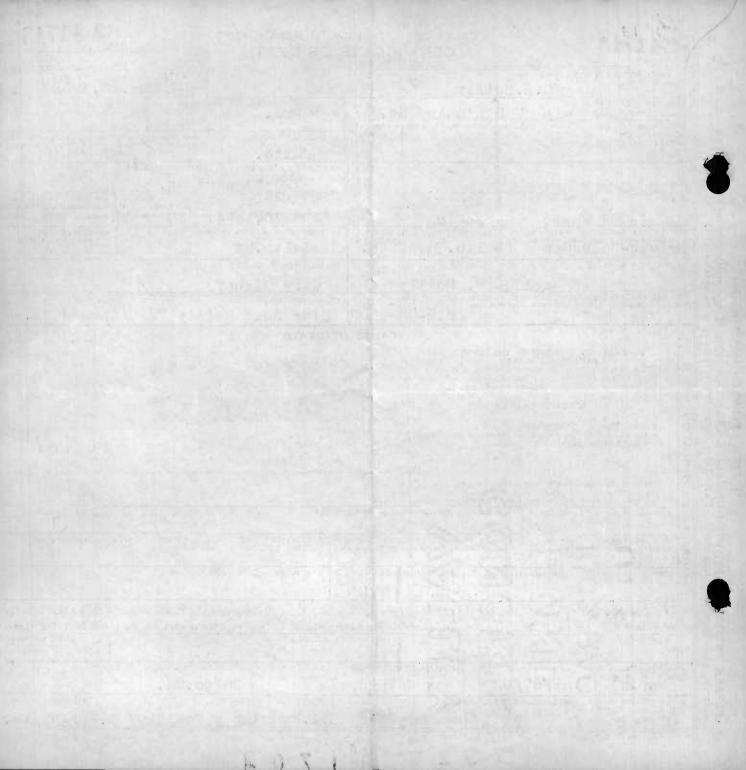
1951 to 46 23 , 19 52 that I last saw the

m., from the causes and on the date stated above. 23c. DATE SIGNED

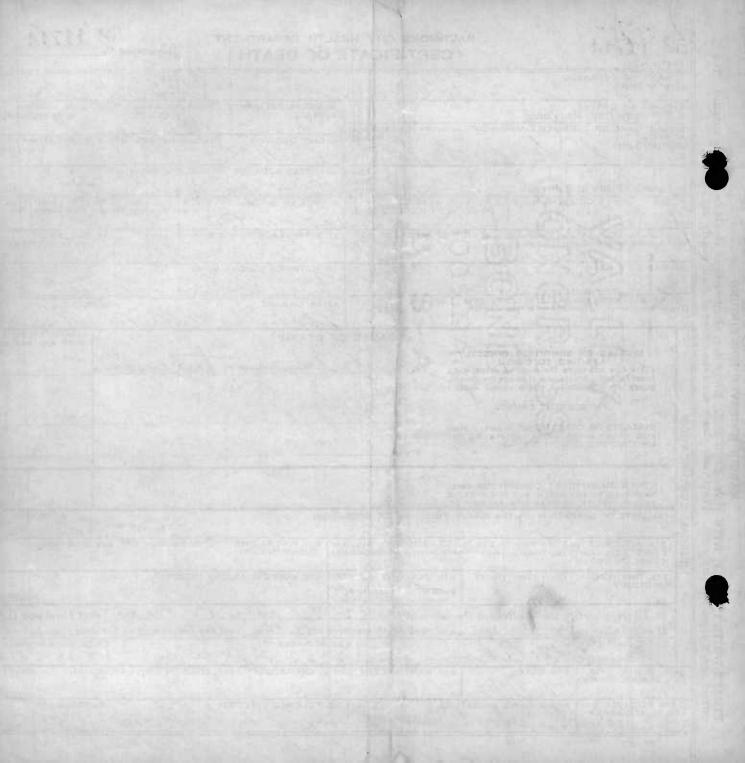
Balto.Md.

New Cathedral

238. ADDRESS



Registered No. 11714 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) (If rural, give location). D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 6. DATE OF BIRTH 9. AGE (in years) If Under 1 Year II Under 24 Hours should learly and last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY information s s of death cle 13. FATHER'S NAME LAUNDRY MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17-4NFORMANT ADDRESS (If yes, givo war or dates of service) (Yes, no or unknown) SECURITY NO. causes of item he car 18. INTERVAL BETWEEN CAUSE OF DEATH 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write the (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK 19540 12-22, 192 Ethat I last saw the 22. I hereby certify that I attended the deceased from 12-8 195 Zand that death occurred at 1 1/18m. from the causes and on the date stated above. PLEASE WRITE correct age is esp deceased alive on 2 - 20 23A, SIGNATURE 23c. DATE SIGNED 2-14-52 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



Every item of information should be write the causes of death clearly and

write

UNFADING INK. Physicians: please

WITH LY, WITH important.

PLEASE WRITE P.

MARGIN RESERVED FOR BINDING

1		BALTIMORE CITY HE	EALTH DEPARTMENT	06 11/30
2	11715 IRTH NO. 1.5	CERTIFICATI	E OF DEATH Register	ed No.
W==	NAME OF DECEASED (Type or Print)  Adam	Karpowicz	2. DATE OF OEATH Dec	c,25,1952
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution : residence
H	OSPITAL OR	or Institution, give street address or location)	C. CITY OR TOWN (If outside corporate	limits, write RURAL and gi
3	Baltimore City	•	Baltimore 24  D. STREET AODRESS (If rural, give location	1011
	Length of stay in Baltimore	Yrs. Mos. Days	702 South Luzerne Ave	n)
1	ale White	7. SINGLE, MARRIED. WIDOWEO, DIVORCED (Specify) Widowed	9. AGE (In year last birthday) 0ct,10-1896? 56?	Months Days Hours Min
10 wor	k done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INOUSTRY Bethlehem Steel Co.	11. BIRTHPLACE (State or foreign country) Poland	12. CITIZEN OF WHAT COUNTR
13	B. FATHER'S NAME	pill	14. MOTHER'S MAIDEN NAME	
_	Unknown		Unknown	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED F s, no or nnknown) (If yes, give war or dates of W.W. I	f service) 16. SOCIAL SECURITY NO. 215-05-5347	17. INFORMANT Wladyslawa Roszko 2409 Flee	AODRESS et Street
	18. 443X	CAUSE	OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of a heart failure, asthenia, etc. It means injury or complication which cau	dying, e. g., (A)	tuni Internleuri Can	had Diene
_	ANTECEDENT CAUSES	5 hul	wal x Dornte - Junff	usy.
RTIFICATION	OISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	ANY, GIVING TATING THE DUE TO	dui Eulorgunes	
CERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	OT RELATED	0	
	1.=	MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bidg.,		ity, give exact location)
2	21D. TIME (Month) (Day) (Year) (HOF INJURY	Hour) 21E. INJURY OCCURR		
11		m. WORK AT WORK		

22. I hereby certify that I attended the deceased from and that death occurred at deceased alive on.

19.

24B.

OATE RECEIVED BY REGISTRAR'S SIGNATURE

23B. ADDRESS

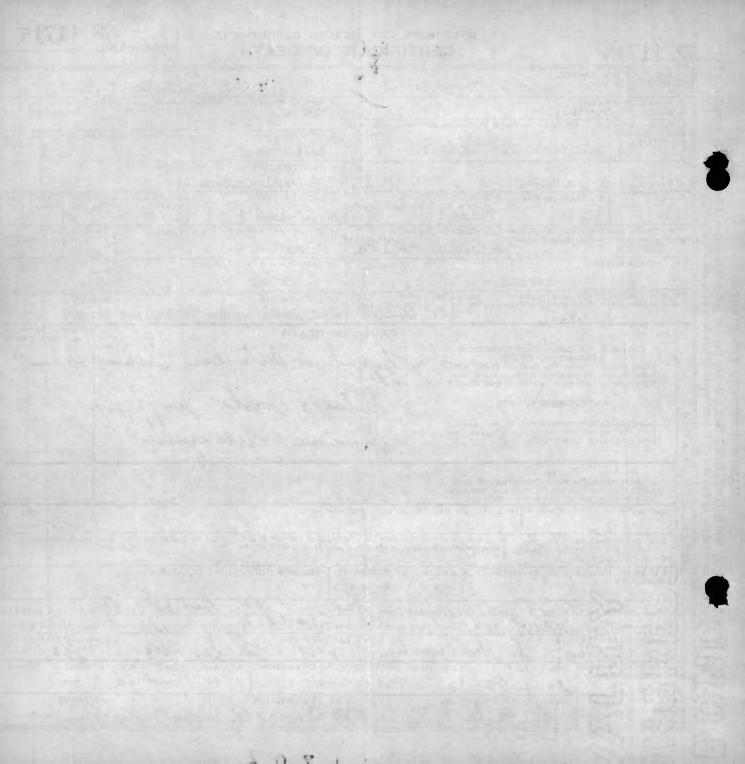
19 that I last saw the

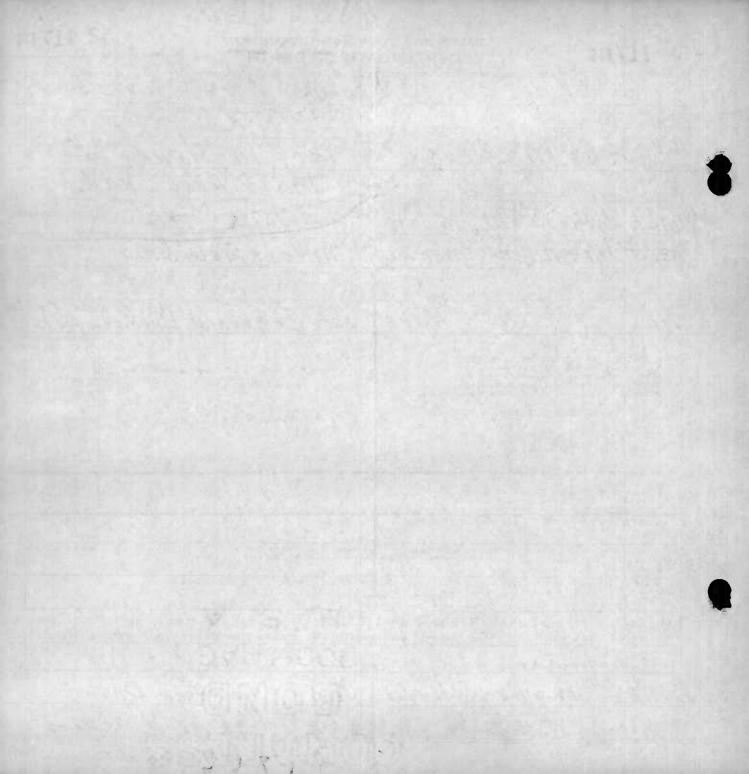
from the eauses and on the date stated above. 23c. DATE SIGNEO

24A. BURIAL, CREMA-TION, REMOVAL (Specify) or county) ADDRESS BNERAL DIRECTOR

VS 150

23A. SIGNATURE





J	1	T A A 107 a	EALTH DEPARTMENT  E OF DEATH  Registered No.	11718				
ied. The	1.	NAME OF DECEASED SPECT SALKSON	2. DATE OF 13/2	do				
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)				
Illy s	H	OSPITAL OR STITUTION (SNIVERSING HOSPITAL	c. CITY OR TOWN (If outside corporate limits, v	vite RURAL and give township)				
ition should be the clearly and bearly.		Length of stay in Baltimore  Length of stay in Baltimore  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location)  1 2 4 W. CAMBENS  8. DATE OF BIRTH  9. AGE (In years) If line	or 1 Year   If Under 24 Hours				
	10	A. USUAL OCCUPATION (Glyckind of 10B, KIND OF BUSINESS OR	June, 1952 last birthday) Month	Days Hours Min.				
DING nformation of death cle	work	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	WHAT COUNTRY				
DII	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?  In no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADD	RESS				
S m		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	INTERVAL BETWEEN DNSET AND DEATH				
RESERVED FOI INK. Every ite please write the		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES		7.3				
IN RESEING INK.	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
MARGIN F UNFADING Physicians: p	MEDICAL CERTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
н.		19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER		20. AUTOPSY?				
LY, impos		21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURR	INJURY OCCUR?	exact location)				
		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
RITE I		22. I hereby certify that I attended the deceased from deceased alive on 1997, and that death occur 23A. SIGNATURE 2	rred at "III m., from the causes and on the	hat I last saw the date stated above. 23c. Date SIGNED				
PLEASE WRITE P		IA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMET	RY DR CREMATORY   ZID LOCATION (Gity, town, or					
PLEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Chury U, Wilson Hou K	Bunly M				
		Vs 150						

PLEASE WRITE F correct age is especial

-600
52 11719 BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH A. Baltimore City,
B. FULL NAME OF HOSPITAL OR INSTITUTION 1626
199

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

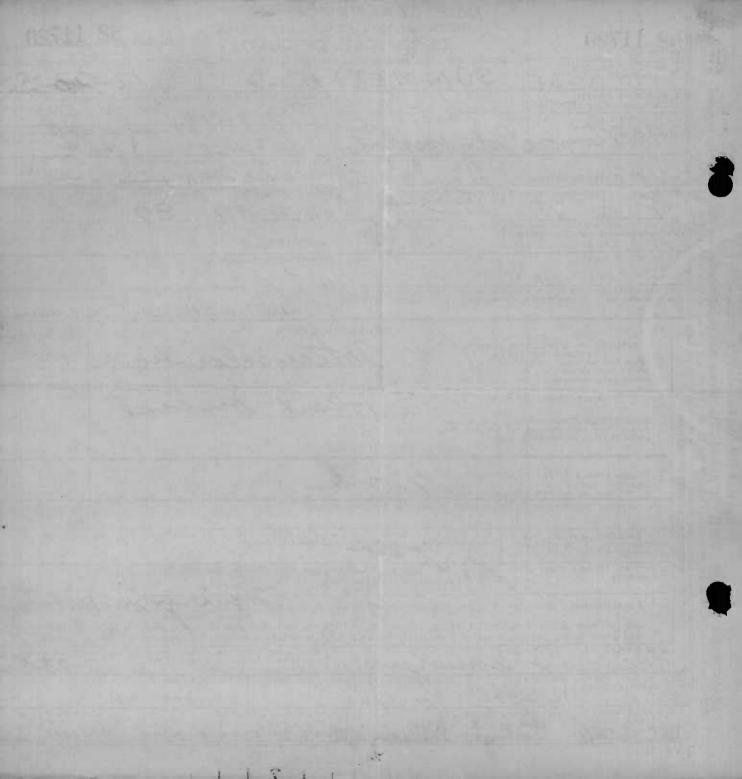
Registered No. 11719

1. NAME OF DECEASED (Type or Print)	2. DATE
Pearl Dickerson Mo	
a. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limit), write RURAL and p
1026 East Monument Street	Baltimore
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 15 Yrs. Mos. Days	1026 East Monument Street
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	18. DATE OF BIRTH 19. AGE (In years) If linder 1 Year   If linder 24 H
WIDOWED, DIVORCED (Specify)	last birthday)   Months: Days   Hours: M
Female   Col.   Married	39
10A. USUAL OCCUPATION (Give kind of the first of the firs	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Domestic At Home	_ New York U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bird Jones	Unkown
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
	James Dickerson 34 N. Eden St
18. /70 X   CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	777.
(This does not mean the mode of dying, e.g.,	astabé Carcinoma. H. 3 mantha
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	el preact
injury of compleation which caused death.) Doe 10	
ANTECEDENT CAUSES	
Z   (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY
	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., LYING OR CONTRIBUTING	etc.) INJURY OCCUR?
S CACGE OF BEATH	ALT HOW BID HAVING ACCURA
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
m. WHILE AT NOT WHILE M. AT WORK	
22. I hereby certify that I attended the deceased from 16	Oct 1958 to Roffe, 19 5 that I last saw
1. I hereby certify that I attended the deceased from	, , , , , , , , , , , , , , , , , , , ,
	rred at
23A. SIGNATURE C. BANGELL M. D.	23B. ADDRESS Circuith & 23c. DATE SIGNI
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
and the state of t	Cem. Brooklyn Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

VS 150

ROSE SOM MERFELD BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECRASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residen A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL MAME OF HOSPINAL OR INSTITUTION f not in hospital or institution, give street address or location) (If outside corporate limits, write RUAL and give township! BAUTI MORE D. STREET ADDRESS (If rural, give location) Mos. 3024 E. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SUNCE, M. RRIED,
WIDOWED, DWORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last hirthday) Months Days Hours Min. Il Under 1 Year NOV. 25. 1872 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY AT HOME

13. FATHER'S NAME AUSTRIB information s s of death cle 14. MOTHER'S MAIDEN NAME JOSEPH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MRS MADELINE JUNGBLUT JY6 S. GORRHAL 18. 10.0 CAUSE OF DEATH ONSET AND DEATH Erterosclerotic
Heary Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-21c. WHERE DID (If in Baltimore City, give exact location) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held and the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \( \) accident \( \) accident \( \) nomicide \( \) nomicide \( \), undetermined \( \). 224. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER ... PLEASE correct ag 7 M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE 24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) BURIAL LOLGATE ADDRESS 2001 DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR ULLRICH FUNERAL HOME ORLEAN VS 151 0 0 0



information

item

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF SDEF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) TIMOTE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. clearly 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOME MARYLAND death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes WM. KISPERT 18. 50.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES cevere anemia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (c) arteriosclerosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 12- 22, 1954 to 12-23, 1952 that I last saw the PLEASE WRITE correct age is esp . 1952, and that death occurred at 11 Pm., from the causes and on the date stated above. deccased alive on 12-23 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED imes 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) BURINU LOUPON ADDRESS 2001 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

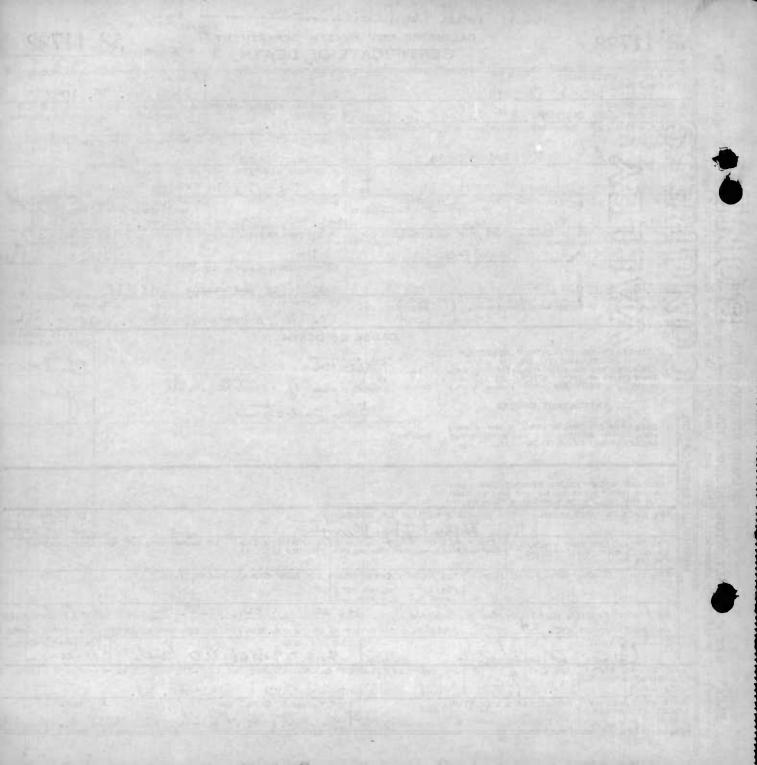
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LOCAL REGISTRAR

DRLEADS OF

WULRICH FUNERAL HOME

Registered No. 11722 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Pasquale Portera OF supplied. DEATH Dec. 25, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2424 W. Cold Sp. Lane B. COUNTY before admission) (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate links, write RERAL and give INSTITUTION 2424 W. Cold Spring Lane Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mose 2424 W. Cold Spring Lane c. Length of stay in Baltimore 3 years Doggo and 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) plnods Oct. 24, 1887 White information shous sof death clearly 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Grocery Business self-employed Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cosimo Portera Concetta Batthelia Battaglia 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Every item of i Mr. Cosimo Portera. 2424 W. Cold Sp. Lane none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: pl OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH DIC 21B. PLACE OF INJURY (e. g., in or about home rarm, factory, street, office hldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Jas 22 . 1952 to 12-25-52 , 19 ... that I last saw the PLEASE WRITE deceased alive on Dec. 24 . 1952 and that death occurred at 8 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 12-26-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Holy Redeemer Cemetery Baltimore, Md. DATE RECEIVED BY 25. EUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 4611 Pk. Height PARTE TO unismalor VS 150



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UNFADING Physicians: p

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# BALTIMORE CITY HEALTH DEPARTMENT

Registered N CERTIFICATE OF DEATH 1. NAME OF OECEASEO 2. DATE (Type or Print) OF HARRY J. WHEATLEY Dec. 23, 1952 DEATH 3. PLACE OF OEATH: 4. USUAL RESIOENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. C. CITY OR TOWN (If outside corporate limits, write AURAL and give 2526 Barclay St. INSTITUTION Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2526 Barclay St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH It Under 1 Year 7. SINGLE, MARRIED 9. AGE (in years last hirthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Sept. 19, 1875 male white widowed 10A. USUAL OCCUPATION (Glyckindof) 10B. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Elevator Operator INOUSTRY WHAT COUNTRY? Maryland Ins. Co. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Rose Ross Joshua Wheatley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AOORESS (Yes, no or unknown) (If yes, give war or dates of service) Mrs. Anna Clements - 2526 Barclay St. INTERVAL BETWEEN 18. CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEOENT CAUSES DISEASES OR CONOITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONOITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINOINGS OF OPERATION 20. AUTOPSY 218, PLACE OF INJURY (e.g., in or 21c. WHERE OIO (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DIO INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURREO OF INJURY NOT WHILE! AT WORK 10m, + 13 1949, to 12-23 . 19 5 2 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on /2-23 19/50 and that death occurred at 1 23A. SIGNATURE 238. ADDRESS

PLEASE WRITE correct age is est

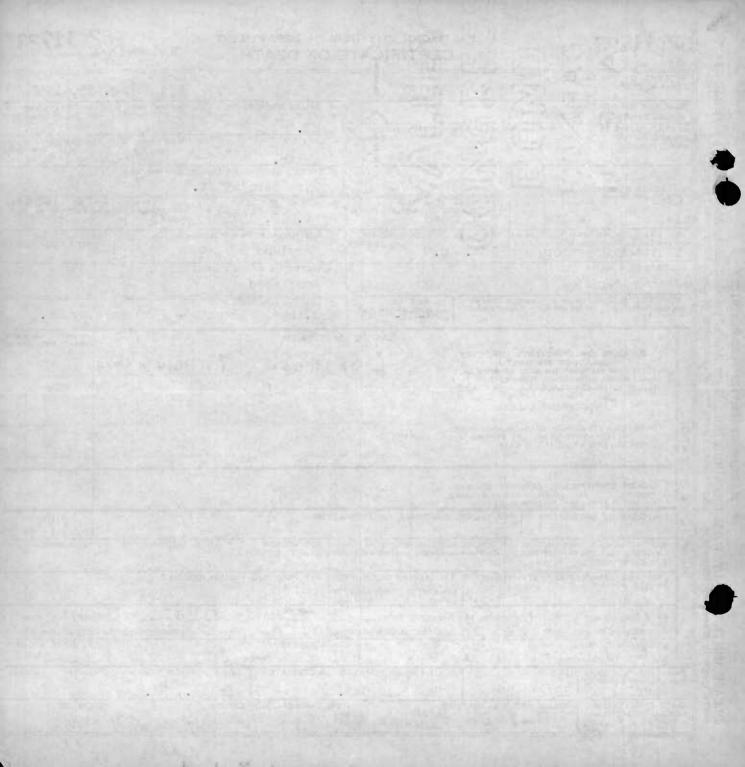
A.m., from the causes and on the date stated above. 23c. OATE SIGNED 17-26-52

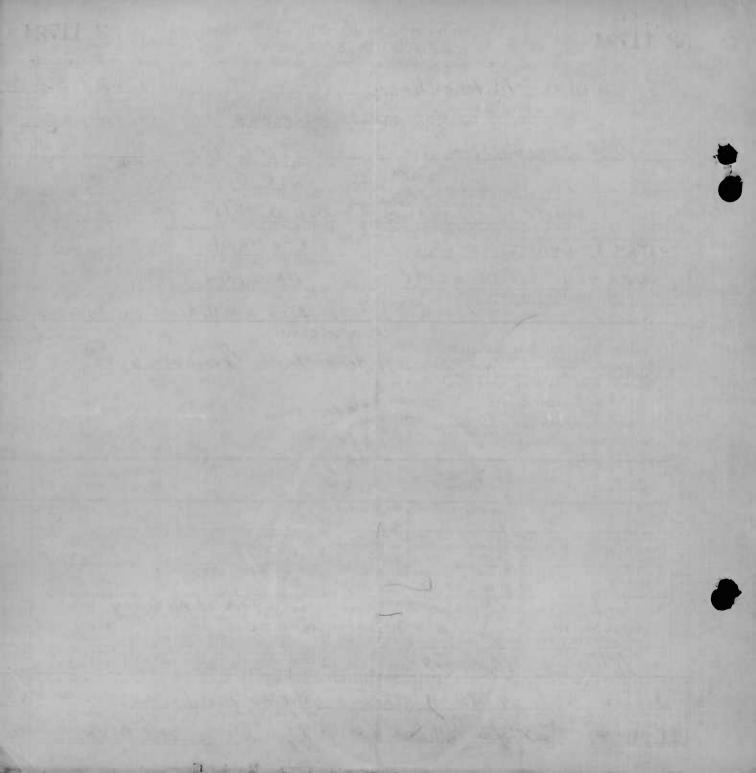
24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. OATE Oak Lawn Cem.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

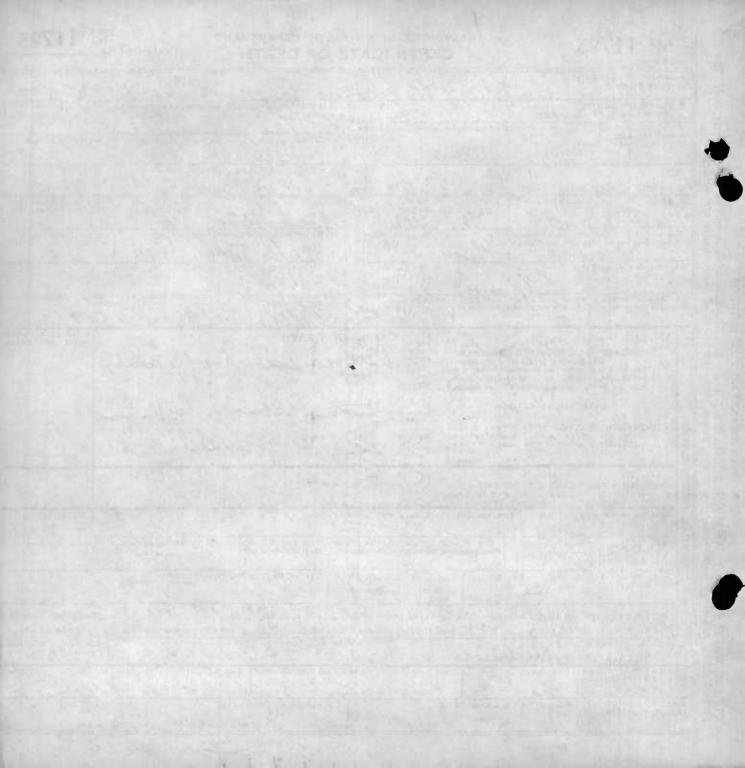
Burial OATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Balto., Md. 25, FUNERAL DIRECTOR



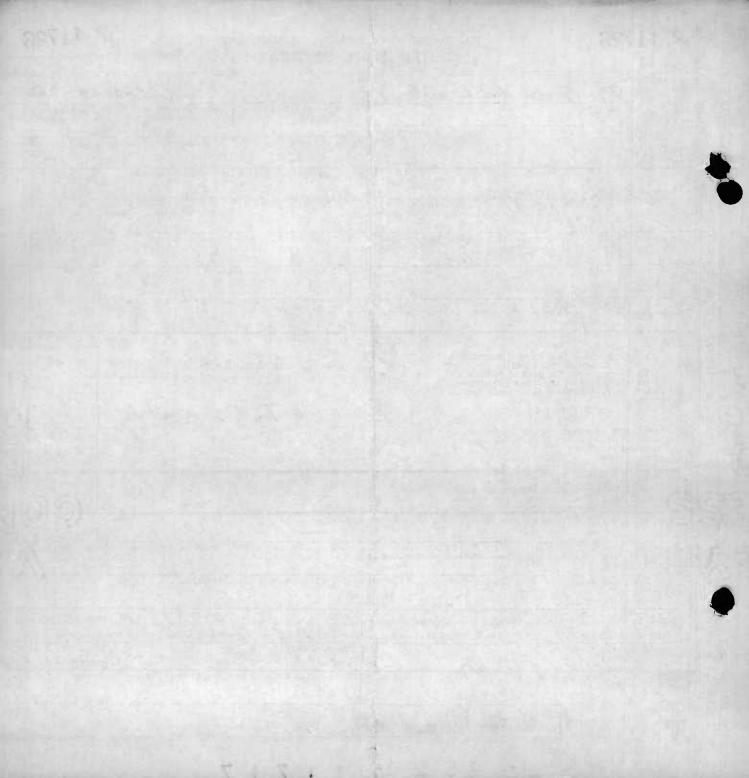


52 11725 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits Avrite RURA) and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore Days 6. COLOR OR RACE information should be 8. DATE OF AGE (In years) WIDDWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BURDHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY nome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM nen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. Cho INTERVAL BETWEEN 18. 443X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .... heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERebout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from. , that I last saw the WRITE ge is espe 1952 and that death occurred at deceased alive on 12 7. m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c DATE SIGNED BURTAL, CREMA-24c. NAME OF CEMETERY OR LOCATION (City, town, or edunty) PLEASE 248. DATE CREMATORY TION, REALOWAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR LOCAL REGISTRAR I was live on VS 150



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The	, )4 BI	CERTIFICATION	E OF DEATH	Registered No.				
		NAME OF DECEASED Type or Print) Um. Frederick Schmitz		2. DATE OF DEATH	24,1952			
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	B. COUNTY	itution: residence before admission)			
ns All	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION		utside corporate limits, w	rite RURAL and give township)			
	7	JOHS DOUTHLAND RD Yrs.	D. STREET ADDRESS (If re	iral, give location)				
l leg		Length of stay in Baltimore Mos.  Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		SOUTHLAND 9. AGE (In years) If Under	Ro			
y and		MALE W. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH / 8 72.	last birthday) Month				
information should s of death clearly an	10 work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  TOREKEEPER  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)   12	CITIZEN OF WHAT COUNTRY?			
natic	13	FATHER'S NAME  - UNKNOWN	14. MOTHER'S MAIDEN NA					
nforr of de	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	W M-	RESS			
of ir	(10	s, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	MRS B. BLAKE.					
y item		18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
_		injury or complication which caused death.) DUE TO	rioscherotic C.V	(A)	7			
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ING	4	UNDERLYING CONDITION LAST. (C)	······································		***************************************			
UNFADING Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-						
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER			20. AUTOPSY?			
WITH rtant.	SAL	198, MAJOR PINDINGS OF OPER			YES NO			
~	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)			
MLY,	2	OF INJURY OCCURR  OF INJURY  OF I		OCCUR?				
Pecia			ertify that I attended the deceased from May, 1951, to Dec 24, 195, that I last saw the					
TE F especie		deceased altre on 200 19 1 and that death occur		e causes and on the c	late stated above.			
WRITE ge is esp			1039 S. Pax/		SC. DATE SIGNED			
ASE W	710 T10	ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)			
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR		DDRESS			
		VS 150	Gree	mond 7	23 mel 18			

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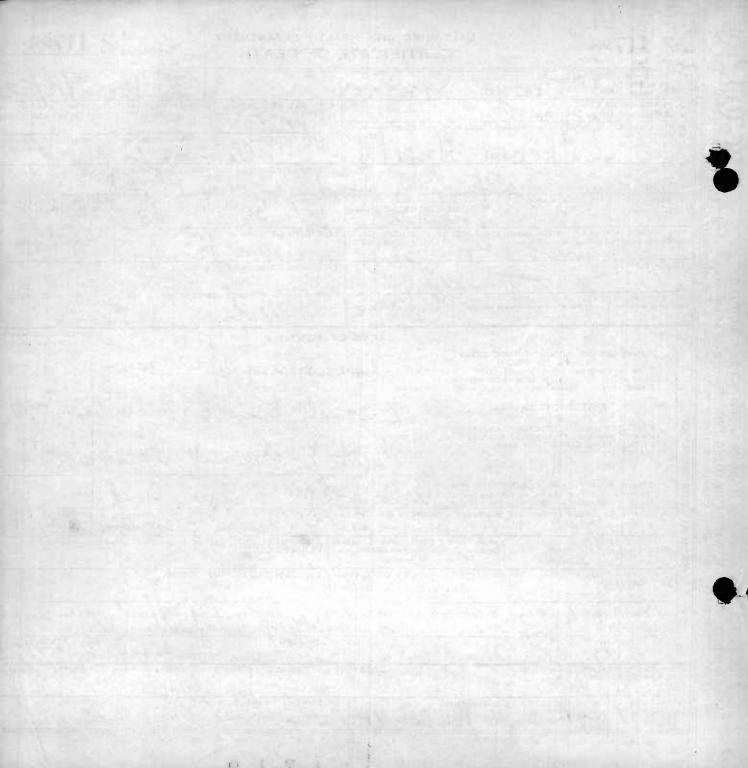


52 11727 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deeased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Mahyland c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGCE, MARRIED 8. DATE OF 9. AGE (In years) AGE (In years | if Under | Year | it Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) information should of death clearly ar Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Cuginery trou 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. item of 11 NTERVAL BETWEEN 18. CAUSE OF ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Vileunsler DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY AT WORK WORK 1948 22. I hereby certify that I attended the deceased from-19\_\_\_, to\_ 12/14, 1954 that I last saw the 12/14, 1952, and that death occurred at 533 m., from the causes and on the date stated above. PLEASE WRITE correct age is esp deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED 12/26 24A. BURIAL, GREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR markeyaghs a Helde 182 Am

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Registered No. 11728 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Por 9e OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution ; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR ocation C. CITY OR JOWN (If outside corporate limits write RURAL and give legibl D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs should be vears 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED 8. DATE 9. AGE (In If Under 1 Year Months Days Hours Min. last bip(hear) narrie clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPKACE (State or foreign country 12. CITIZEN OF work done (uring most of working lift) even if retired) INDUSTRY WHAT GOUN upermsor information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 27 herine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL 17. INFORMAN ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MACOR FINDINGS OF OPERATION 20, AUTOPSY LY, WITH important. EDICA aun 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 12. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED TE PL especially OF INJURY WHILE AT NOT WHILE m. WORK AT WORK 22. I hereby certify that I attended the deceased from. that I last saw the WRITE ge is esp .30 Pn., from the causes and on the date stated above. deceased alive on 2192. and that death occurred at 15 23A, SIGNATURI 23B, ADDRESS 23c. DATE SIGNED alrinan 24A. BURIAL CHEMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) 24D. LOCATION unia DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR MILLIAMA Invitrogion LE VS 150

RESERVED



BIRTH NO 1. NAME OF DECEASED (Type or Print) Walter Kinsey 3. PLACE OF DEATH: A. Baltimore City. Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospital

CAUSE OF DEATH

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INSTITUTION

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supplied.

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## CINSTELL BALTIMORE C

# CERTIF

ICATE OF DEATH	.52 11729 Registered No.
	2. DATE

12.23.52 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence

B. COUNTY before admission)

Maryland (If outside corporate imits, write RURAL and give C. CITY OR TOWN

Baltimore D. STREET ADDRESS (If rural, give location) Yrs.

township) Baltimore City Hospital 4940 Eastern Mos. Dave

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY YES X

c. Length of stay in Baltimore If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) AGE (In years It Under I Year It Under 24 Hours last birthday) Months: Days Hours Min. White June 14.1879 Divorced 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)

work depeduring most of working life, even if retired) altoman Mayrland 84 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Laura Sherwood

William Kinsey 16. SOCIAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 17. INFORMANT Records Baltimore City Hospital
Records Baltimore City Hospital (Yes, no or nnknown) SECURITY NO.

18. CAUSE OF DEATH 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cerebral Hemorrhage heart failure, asthenia, etc. It means the disease, Hypertensive Cardio Vascular Disease injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .....

OTHER SIGNIFICANT CONDITIONS CON-

4940 Eastern Ave

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or

LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE AT WORK WORK

22. I hereby certify that I attended the deceased from 9.7.44 deceased alive on 12.23. 1952

23A, SIGNATURE 24A. BURIAL, GREMA-24B. DATE

19\_\_\_, to 12.23 1952, that I last saw the and that death occurred at 11.45 Rinfrom the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave 2.24.52

(If in Baltimore City, give exact location)

24C, NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) 154lto. Burias orrarne DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

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Market and the second s UNFADING INK. Every item of information should be c. ally supplied. The Physicians: please write the causes of death clearly and leging.

Y, WITH

PLEASE WRITE I

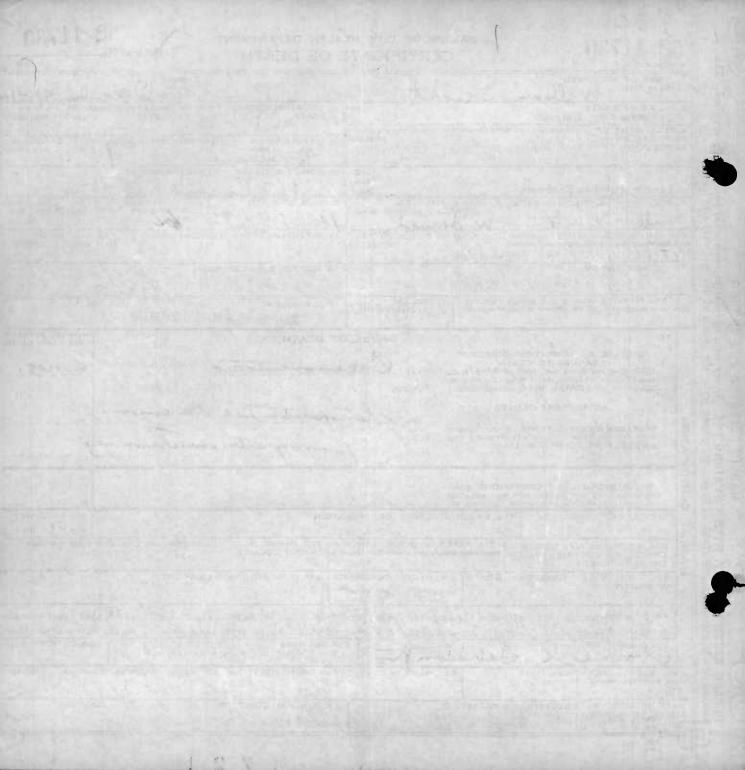
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# BALTIMORE CITY HEALTH DEPARTMENT

52 11730

	12/30	CERTIFICATE	E OF DEATH	Registered No.	
	NAME OF DECEASED			2. DATE	
(3	Type or Print) Wallam Se	i ht		OF DEATH OLLE	Du 141/952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution: residence before admission)
B.	FULL NAME OF (If not in hospital or instit	ution, give street address or	md.		I am I do
11	OSPITAL OR JOHNS HOPKINS HOSPI	location)	c. CITY OR TOWN (If	outside corporate limits.	vrite RURAL and give township)
5	3		Jallmare	, Comment	
1	J 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yrs. Mos.	02 2 W	rural, give location)	10
	Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SING	Days LE. MARRIED.	8. DATE OF BIRTH		der 1 Year   If Under 24 Hours
7	No. la Valla to WIDG	WED, DIVORCED (Specify)	Den 29.1892	Jast Mirthday) Month	hs Days Hours Min.
10	DA. USUAL OCCUPATION (Givekinder) 10B. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (State or fp	reign country)   12	2. CITIZEN OF
WOX	k done during most of working life, even if retired)	incer INDUSTRY	Pa.	Tolor S	WHAT COUNTRY?
13	3. FATHER'S NAME	, Soly- Invited	14. MOTHER'S MAIDEN NA	ME 0 / 1/	
	Phillip Leich		Henriella	- I'halfe	r
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? se, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
L.		217-01-1778	JOHNS HOPKII	NS HOSPITAL	
	18. /58 X	CAUSE	OF DEATH		INTERVAL BETWEEN
b	DISEASE OR CONDITION DIRECTL	Y	1		
	(This does not mean the mode of dying, e		enomatosis		6 mos.
	heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, th.) DUE TO			
	ANTECEDENT CAUSES	p.		Case	
Z	DISEASES OR CONDITIONS, IF ANY, GIV	(B) / Rel	yenonea.		
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S	CHOERETING CONDITION EAST.	(c)	J/2000 /		7
RTIFICATION					
ERI	OTHER SIGNIFICANT CONDITIONS CO				
ü	TO THE DISEASE OR CONDITION CAUSING	т			
AL	19a. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		LACE OF INJURY (e. g., la		f in Baltimore City, give	e exact location)
	LYING OR CONTRIBUTING about hom	e, farm, factory, street, office bldg., e	INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	FEWER PARTY
1	OF INJURY m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended th	10	-24 , 1952 to	2 - 24 1952	that I last saw the
	deceased alive on 12-2+ 10 52	and that death occur		re causes and on the	
	23A. AIGNATURE		3B. ADDRESS		23c. DATE SIGNED
	Wavel X Halr	elon M.D.	JOHNS HOPKINS	HOSPITAL	
2 TI	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	14/ 01	OCATION (City, town, or	county) (State)
1	Burial Vec 29.32	[Vange/ical		rewsbury	10.
	OCAL REGISTRAR REGISTRAR'S SIGNA	TURE '	25. FUNERAL DIRECTOR	1 9mg &	DORESS !
	DEL 2/ No mylon	Williams M. E	Vullary Col	como.	and the same

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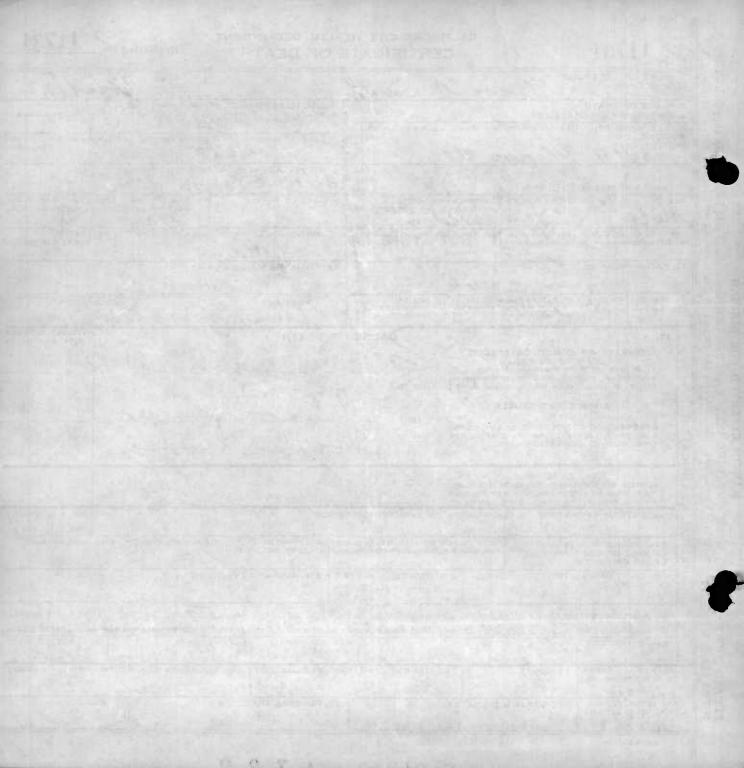
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11731

Inc. 1217 St. Pank of

BIRTH NO.	
1. NAME OF DECEASED Gronge n. Smith	2. DATE OF 12/24/52
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution)    Street address or Institution   Institu	C. CITY OR TOWN (If outside corporate limits, write BURAL and give township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	3419 Elmora Wox
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED SPERTY)  Mulz Whote Widowad	8. DATE OF BIRTH  9. AGE (In years lift Under 1 Year Months: Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown) Swith	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS PM E. Smith 3419 Elmora Un
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CON-	brterioselerotio arlis
TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About bome, farm, factory, atreet, office bldg., cause of Death	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY  WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 12/22, 1952, and that death occur	rred at 5:45 m., from the causes and on the date stated above
24A. BURIAL, CREMA- TION REMOVAL (Specify)  24B/DATE  24C. NAME OF CEMETE  24C. NAME OF CEMETE  24C. NAME OF CEMETE  24C. NAME OF CEMETE	Park   Bullo Mud.

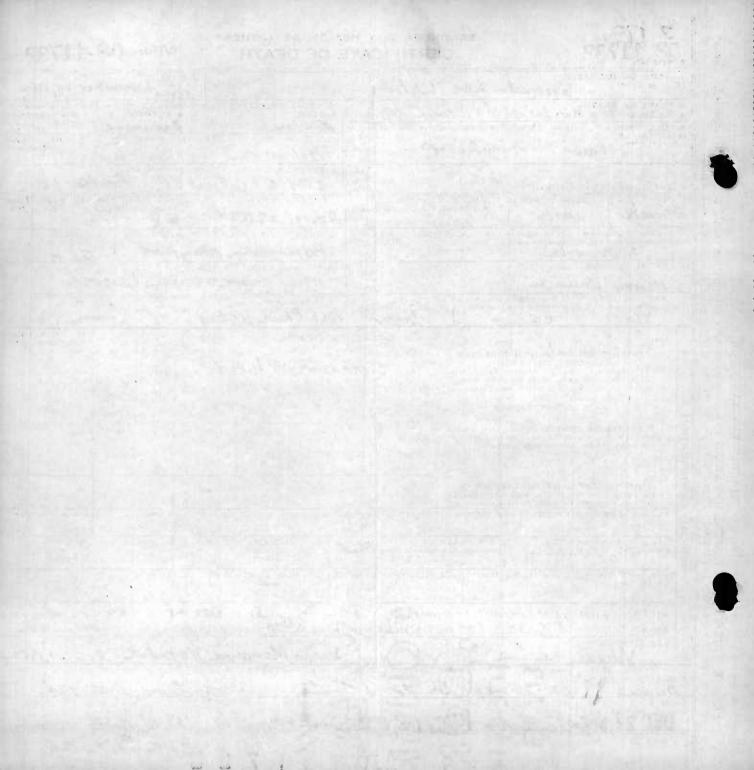
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BIRT	117 H NO.	32		CERTIFI	CATE	OF DEAT	Н	Registered	No. 11732
	AME OF DE	GEYMIC	ls her	Wiko	77			OF DEATH	mber 24,1952
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HOSE	ILL NAME OF PITAL OR ITUTION	Inion Mem				Bolhma		utside corporate lin	its, wrightlikal and give township
c. Le	ength of st	av in Baltimore	life.		Yrs. Mos. Days	3 STREET ADDRE			Ballo - 18
5. SE		6. COLOR OR RACE		MARRIED, ED, DIVORCED	(Snesifu)	Queust 27,		9. AGE (In years)	M Under 1 Year M Under 24 Hours Min.
work do	ne during most of	CUPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS	OR	Balkmer			12. CITIZEN OF WHAT COUNTRY
1	ATHER'S N	Unduch				Many Ca		Souch Ca	nroll
15. W	AS DECEASE	D EVER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY		17. INFORMANT	•		ADDRESS
1,0	170 B. 58	No		CI		F DEATH	W/B	, 2	INTERVAL BETWEEN
CATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) CLYPTASS ST 1000								
CERTIFI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D					
				FINDINGS OF	F OPERA	TION			20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  21c. WHERE DID (If in Baltimore City, give exact loc								, give exact location)	
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT WORK   AT WORK								
	22. I hereby certify that I attended the deceased from Dec 3 1952, to Dec 24, 1952, that I last saw the deceased alive on Occ 24, 1952, and that death occurred at 6 27 m., from the causes and on the date stated above								· ·
-	3A. SIGNAT		a Pr	12.	23	Men Men	enial	Krypital	DIC 14,1952
24A.	BURIAL, C	REMA 248. DATE	7	4c. NAME OF	EMETER	V OR CREMATORY	24D. LO	CATION (City tow	n, or county) (State)

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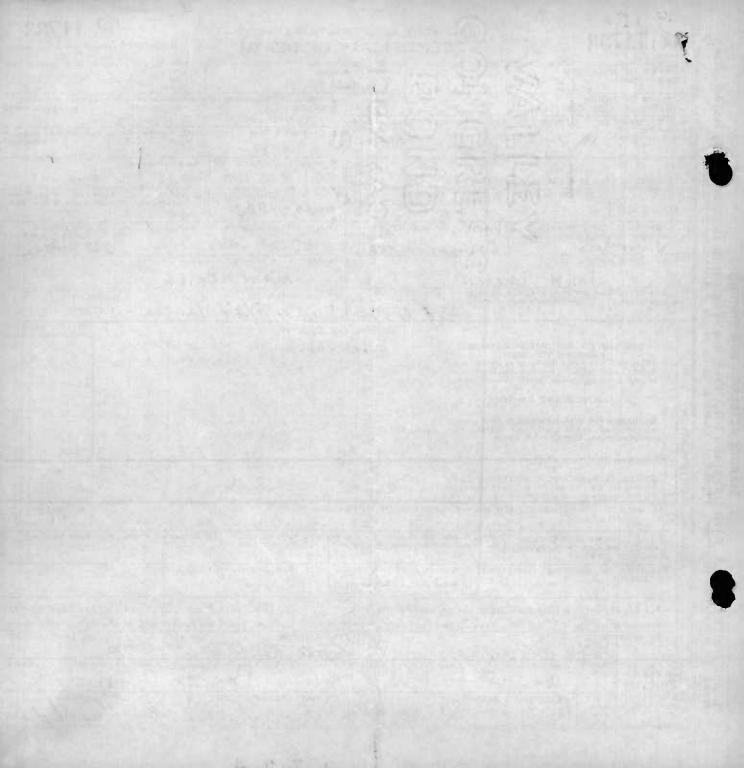


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ly supplied. John E. Jack son DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) CECI B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITYOR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Universi Yrs. D. STREET ADDRESS (If rural five location) Mos. c. Length of stay in Baltimore Days information should be 9. AGE (In years If Under 1 Year Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 24 Hours 10A. USUAL OCCUPATION (Give kind of 100 KIND OF BUSINESS OR foreign country) 12. CITIZEN OF during most of working life, even if retired) INDUSTR 13. FATHER'S NAME 15./WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dayes of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO of INTERVAL BETWEEN item 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH arcinomatosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: pl UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 1952 that I last saw the 22. I hereby certify that I attended the deceased from 12-5 deceased alive on 12-26, 1952, and that death occurred at 846 PLEASE WRITE correct age is esp m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2 - 26 24A. BURIAL, GRENA-TION DIMOVAL (Specify) 24c. NAME OF CEMETERY OR CHEMATORY 24D uru DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR ! I was transform VS 150

1/2	†60 11735	ALTIMORE CITY HE	EALTH DEPARTMENT	.5. Registered 1	2 11735 No.
1.	RTH NO.  NAME OF DECFASED  ype or Print)			2. DATE	
	MTTeteTH	4 WELLE	R    4. USUAL RESIDENCE (W	DEATH DECE	institution: residence
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admissio
В.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				s, write RURAL and gi
IN	Lutheran Hospital		Baltimore L townst		townshi
H	Yrs.		D. STREET ADDRESS (If rural, give location)		
-	Length of stay in Baltimore	Mos. Days		r Avenue	
	WID	GLE. MARRIED. OWED, DIVORGED (Specify)	8. DATE OF BIRTH		onths Days Hours Mi
	A. USUAL OCCUPATION (Give kind of 10B. K. cone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTR
19	FATHER'S NAME	Const.	14. MOTHER'S MAIDEN NA	AME	
_ †	terry Damson		Clara a	veller	
15 (Ye	WAS DECEMED EVER IN U. S. ARMED FORCES n. no or unknown (If yes, give war or dates of service)		17. INFORMANT	no lavelue	Des Balanois
	18. E9534.	CAUSE	OF DEATH		INTERVAL BETWE
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEA
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				***************************************
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	Contu	sion of brain		
N O	DISEASES OR CONDITIONS, IF ANY GIVING				***************************************
F	UNDERLYING CONDITION LAST. Skull fracture				
ICA		(0)			
ERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
Ö				20. AUTOPSY?	
AL	Oth EVERNAL CALICE WAS 1218	PLACE OF INJURY (e. g., i	n or   21c. WHERE DID (I	If in Baltimore City,	YES X NO
EDIC		me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
ME					CK Avenue
	Dec. 24, 1952  P.m. WHILE AT NOT WHILE X Hit on head during fist fight				fight
	22. I certify that I took charge of the remains described above, held an Autopsy thereon and from				
H	Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .				
	23A. SIGNATURE	941 -	23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 2:	
2,4	4A. BURIAL, CREMA- 24B. DATE	240 NAME OF CEMETE	I.D.   MEDICAL INVESTIGAT TRY OR CREMATORY   24d. L	OCATION (City, town	, or county) (State
TI	DN, REMOVAL (Specify)	Somo Bu	ddo, Har	veoclo pa	washington
	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	27. FUNERAL DIRECTOR		ADDRESS

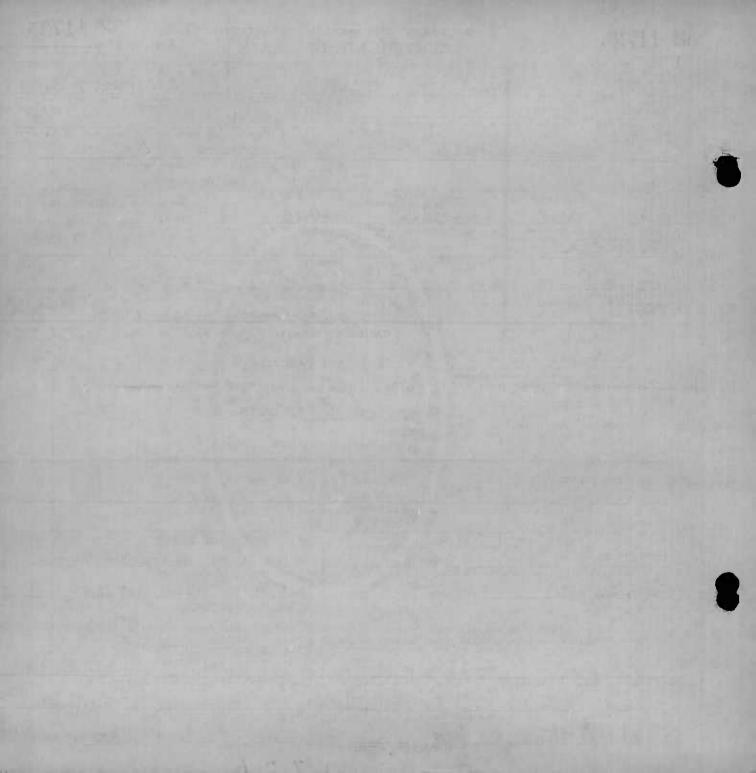
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ADDRESS A 27. FUNERAL DIRECTOR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. Herbert Brinklev DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore A. Baltimore City, Maryland A. STATE Marvland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Leadenhall Street township) Baltimore. City D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 833 Leadenhall Street Days should be learly and le 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) Male 64 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY information s Watchman Plant North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugh Brinkley Edna Reddica 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Unknown Leccephall INTERVAL BETWEEN 18. Or3X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, stic heart-disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE. WORK AT WORK 24. 19 Shat I last saw the PLEASE WRITE P 22. I hereby certify that I attended the deceased from deceased alive 22 23 19 22 and that death and that death occurred at 7 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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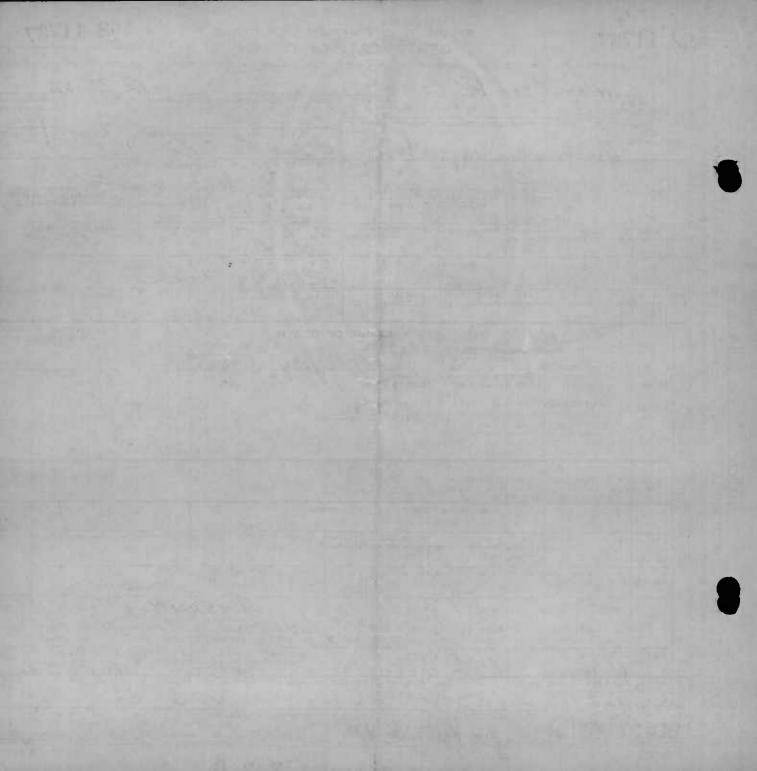
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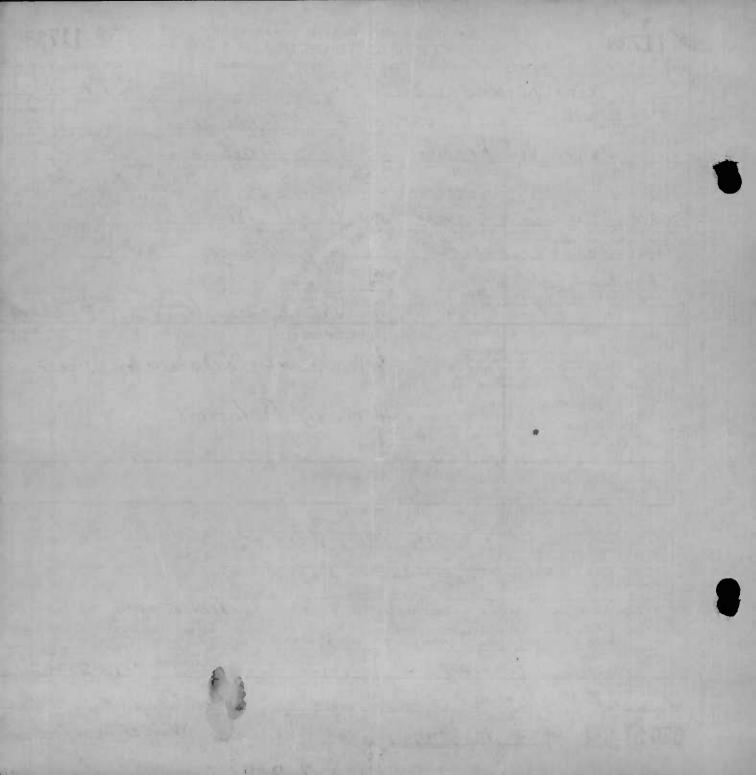
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-1. NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. STATE before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or (If outside corporate limits, write RORAL and give C. CLTY OR TOWN INSTITUTION township) ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days AGE (In years | Munder 1 Year | Munder 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY dalou 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION CA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING OR CONTRIB. UTING [ CAUSE OF DEATH. 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE urial DATÉ RECEIVED BY REGISTRAR'S SIGNATURE 25 UNERAL DIRECTOR LOCAL REGISTRAR

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Registered No. 11738 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED LOUIS 2. DATE (Type or Print) OF DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. C. UNTY before admissi 3. PLACE OF DEATH: A. STATE before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RULAL) nd give HOSPITAL OR location) C. CITY OR INSTITUTION hwnship) Yrs. D. STREET legibly Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED AGE (In years If Under 1 Year 6. COLOR OR RACE last birthday) Months Days Hours Min. and WIDOWED, DIVORCED (Specify) should OF BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF . USUAL OCCUPATION (Give kind of 108. KIND clearly WHAT COUNTRY wolk-lone during nost of working life, even if retired) INDUSTR information MOTHER'S MAIDEN NAME FATHER'S NAME death BINDING 15. WAS DECEASED EVER N U. S. ARMED FORCES? Yes, no or unknown) (V yes, give war or dates of service) 16. SOCIAL ADDRESS INFORMANT (Yes, no or unknown) SECURITY NO. of ry item of in CAUSE OF DEATH 18. 420. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY whice Cardiovesey lar Discuss LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Every write RESERVED injury or complication which caused death.) ANTECEDENT CAUSES ronary Orlusion INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш U 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, fectory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING TI CAUSE OF DEATH. ы 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE especially WORK AT WORK 22. I ecrtify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \) WRIT 238. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR PLEASE 2 C NAME OF CEMETERY OR CREMATORY 24D. LQCATION (City, town, or county) 24A. BURIAL, CREMA-TION DEMOVAL (Specify) 248. DATE correct 26. DUNERAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



The <	, 5 B	2 40 2 11739 BA	LTIMORE CITY HE	ALTH DEPARTMENT	Registered No.	2 11739		
		NAME OF DECEASED Print)	ad Vool		2. DATE OF DEATH	125/52		
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V		nstitution: residence before admission)		
illy su	H	FULL NAME OF (If not in hospital or institu	Hospital	Dall	outside corporate limits,	write RURAL and give township)		
legie	c.	Length of stay in Baltimore	NGLE, MARRIED.  Days  B. Date Of BIRTH  10/25/1400		rural, give location	ane		
ld be	5.	sex 6. COLOR OR RACE 7. SINGLE WIDO			9. AGE (In years list birthday) Mon	Inder 1 Year H Under 24 Hours ths Days Hours Min.		
on should clearly ar	To	k done during most of working life, even if retired one working life, even	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
information s of death cle	Cornad Vogla Corna H. Dap					ع رم. ع م		
of info	(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? s., no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Vogl	2400 Ha	DRESS		
		18. ) J / X I		F DEATH		INTERVAL BETWEEN		
ry item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) AMAMAC.,				4 mos		
Every write th		heart failure, asthonia, etc. It means the disca injury or complication which caused deat	se,		0			
	z	ANTECEDENT CAUSES	(B) Gass	Tric Telmor	shage	6 mos.		
	ERTIFICATIO	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.		inoma of Ster	mach	9 mos		
UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED	/				
H	IL C		R FINDINGS OF OPERA	TION		20. AUTOPSY?		
Y, WITH important.	IEDICA		ACE OF INJURY (e. g., in farm, factory, street, office bldg., etc.	or 21c. WHERE DID (1 o.) INJURY OCCUR?	If in Baltimore City, gi	YES NO X		
ry im	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE	D 21F. HOW DID INJURY	Y OCCUR?			
F		22. I hereby certify that I attended the deceased from 12/1, 182, to 12/25, 1912, that I last saw th						
ITE H		deceased alive on 12/2 4, 1952, and that death occurred at 12:45 m. from the causes and on the date stated above.  23A. SIGNATURE   23C. DATE SIGNED						
E WR		Wmfthoffmok M.D. University Hornital 13/25/52						
	1	Survey 12/29/52	Balla Cen	V	pcation (City, town, o	nd		
PLEAS correct		ATE RECEIVED BY RECISTRAR'S SIGNAT	VRE .	25. FUNERAL DIRECTOR	305	ADDRESS		

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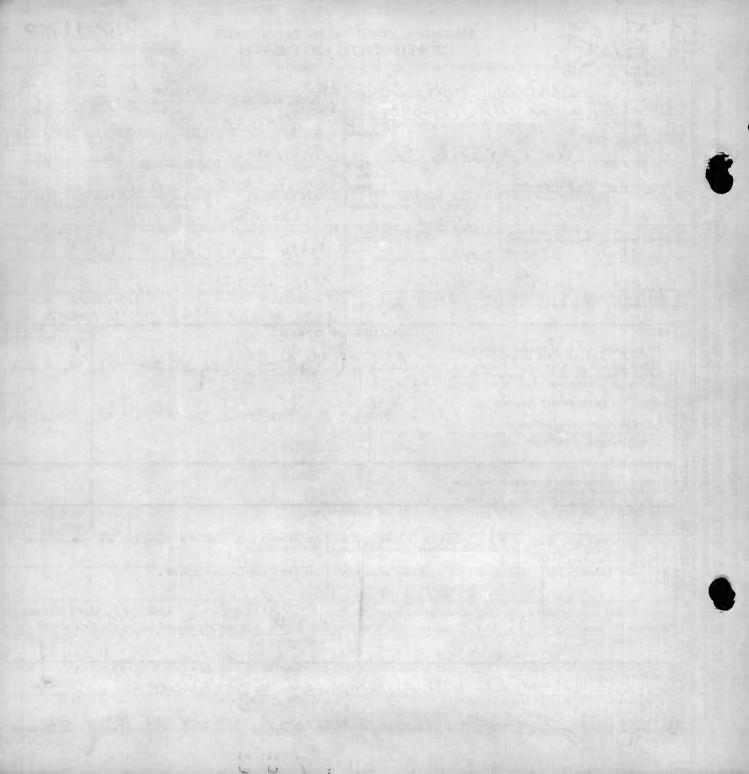
med Exam. Case BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ly supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate Imits, write RUR, L and give INSTITUTION JOHNS HOPKINS HOSPITAL township) IMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years II Under ) Year | H Under 24 Hours last birthday) | Months Days | Hours | Min. Wieldiner 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Choping is 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from\_ 19, to \_\_\_\_\_\_, 19\_\_\_\_, that I last saw the fh., from the causes and on the date stated above. , 19\_\_\_, that I last saw the and that death occurred at 5-3's deceased alive on 19\_ 23A. SIGNAFORE 23c. DATE SIGNED PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State) 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

NOT A MEDICAL EXAMINER'S CASE

LOGICAL M.D.

CHIEF OR ASS I. MEDICAL EXAMINER

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C, O,	S B	11742 -13502		EALTH DEPARTMENT E OF DEATH	Registered No.	11743
	1.	NAME OF DECEASED 'ype or Print)  Jurane	Center	2. DATE OF DEATH /2/24/52		
lly supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland	al or institution, give street address on	4. USUAL RESIDENCE (Where deceased lived of institution; residence A. STATE B. COUNTY beta admission		
	HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits write RURAL and gi		
	c.	Length of stay in Baltimore	6 Mos Days	D. STREET ADDRESS (If rural, give location)  429 Ox ford Ct.		
should be	5.	M 6. COLOR OR RACE	7. SINGLE. MARRIED: WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der i Year It Under 24 Hours hs Days Hours Min.
information shous of death clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	Baltinge	reign country)   12	WHAT COUNTRY
rmatic	13	alousius los	rter	14. MOTHER'S MAIDEN NAME		
K BINDING em of inform causes of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.			17. INFORMANT ADDRESS		RESS
MAKGIN KESEKVED FOR UNFADING INK. Every item Physicians: please write the cau	MEDICAL CERTIFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which explored the state of the	H f dying, e. g., ns the disease, aused death.)  ES  ANY, GIVING STATING THE DUE TO  ST.	utritier &		
MAI UNFA Physic		OTHER SIGNIFICANT CONDITION OF THE DISEASE OR CONDITION	NOT RELATED			
		21a. ACCIDENT WAS UNDER-	98. MAJOR FINDINGS OF OPER		in Baltimore City, give	20. AUTOPSY? YES NO NO exact location)
LY,		LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  M. WORK AT WORK	ED 21F. HOW DID INJURY	occur?	
		22. I hereby certify that I att. deccased alive on 12/2: 23A. SIGNATURE	1952, and that death occur	Эв. ADDRESS	e causes and on the	23c. DATE SIGNED 12/24/52
PLEASE WRITE P	TI-	ATE RECEIVED BY DCAL REGISTRAR	24C. NAME OF CEMETE  S SIGNATURE  Ton William M.Z.	RY OR CREMATORY 240 CO	CATION (City, town, or American 914 A George Per	DDRESS
		VS 150		- Comprise C		

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. 0 5 2 (1 1) before admission)

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12. CITIZEN OF

WHAT COUNTR

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

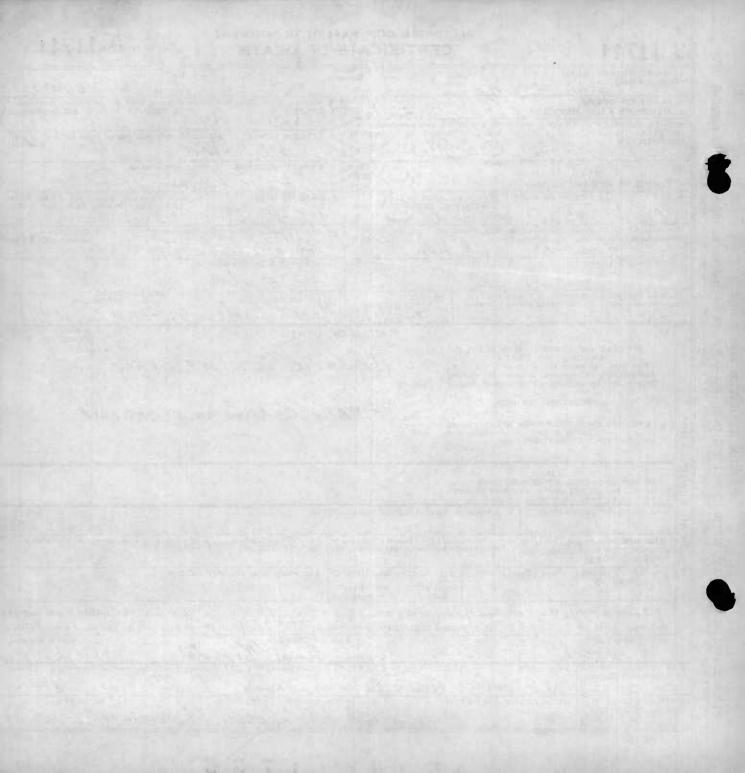
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52 11745 BALTIMORE CITY HEALTH DEPARTMENT 52 11745 Registered No. CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. Fredericka Wueger DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUKAL and give INSTITUTION 512 S. Collins Ave. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 310 W. Slst St. Life c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 1881 9. AGE (In years) 5. SEX 6. COLOR DR RACE If Under 1 Year last birthday) Months Days Hours Min. information should Female White July 2:1871 Widow death clearly 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home Balto. Md. H.W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wittmann Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO August W.Schell, 219 Rodgers INTERVAL BETWEEN 18. CAUSE OF DEATH OX DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 WITH NO 4 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK ., 1952. and that death occurred at 12 a.m. . 19 That I last saw the 22. I hereby certify that I attended the deceased from\_ WRITE deceased alive on 176 33 a.m., from the causes and on the date stated above. 23A. MGNATURE 23c. DATE SIGNED age 24A. BURIAL CREMA-TION, REMOVAL (Specify) BUTIAL 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE Woodlawn, Md. Dec. 27/52 Woodlawn Cemetery DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Edmondson Ave. VS 150

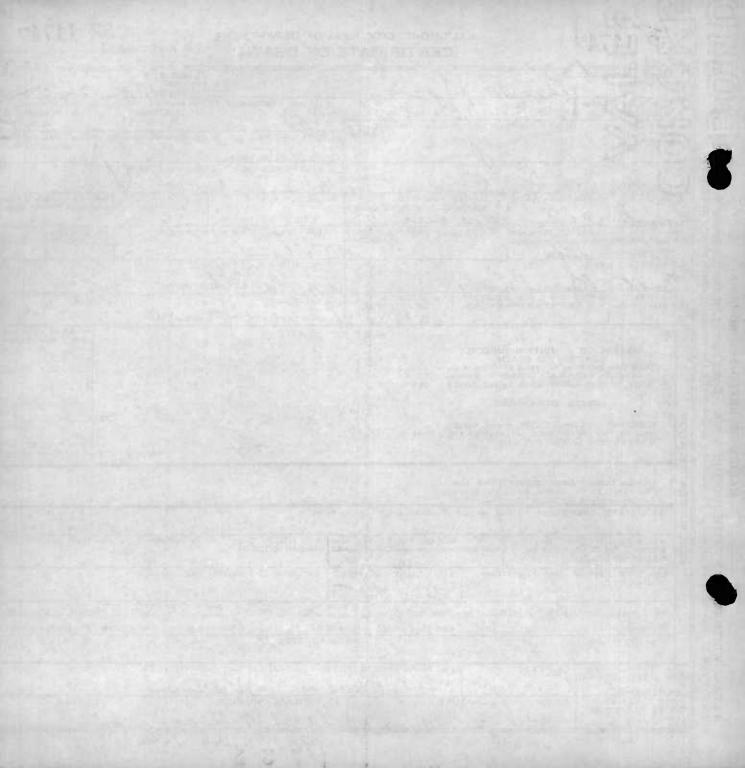
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Registered No. 11746 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CONRAD-LEONARD-WICH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1913 A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RUKAL and give INSTITUTION ELLINGER-NURSING HOME D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should b 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years WIDOWED, DIXORCED (Specify) last birthday) Months; Days Hours; Min. clearly 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information death 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Jo 16. SOCIAL (Yes, no or unknown) SECURITY causes no jo 18. 443 % ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS important. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-2 Ic. WHERE DID about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK Dec 24, 195 Zthat I last saw the 22. I hereby certify that I attended the deceased from-195 4-to\_ PLEASE WRITE correct age is esp a., from the causes and on the date stated above. deceased alive on. Acc 741952 and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED milan-M. D. BURIAL, CREMA-246. DATE 24C. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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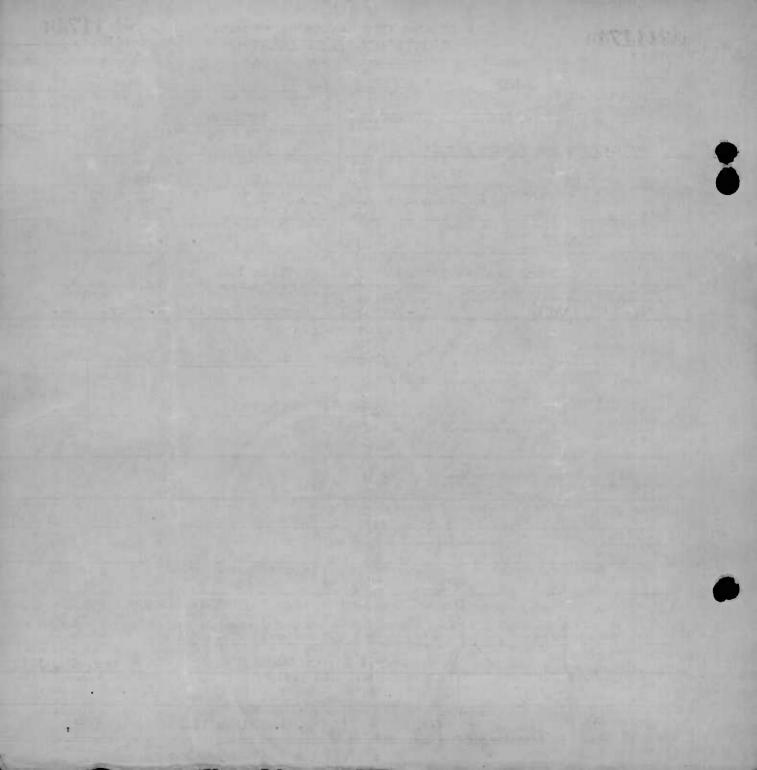


The	BI	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No.	11748				
y supplied.	(T	NAME OF DECEASED Jack Willer 2. DATE OF DEATH WEE	.25 1957				
	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR  4. USUAL RESIDENCE (Where deceased lived. If institution, sive street address or location) OSPITAL OR	before admission)				
	IN	JOHNS HOPKINS HOSPITAL Balturale	ite RURAE and give ownship)				
be legibly	_	Length of stay in Baltimore SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In vehrs) If Union	Year   If Under 24 Hours				
7	_	male Colored Wildower, DIVORCED (Specify) 10 1888 last birthday) Months	Days Hours Min.				
on sh clear	work	k dane during most of work log life, e we directived)  INDUSTRY	WHAT COUNTRY?				
NDING information shoulds of death clearly a		Henry miller Line Dea	, /				
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. JOHNS HOPKINS HOSPITAL						
RESERVED FOR INK. Every item please write the car	MEDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  CAUSE OF DEATH  (A)  Pullma; Milay TBC  DUE TO	INTERVAL BETWEEN ONSET AND DEATH				
		ANTECEDENT CAUSES  TBC pylophute  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  UNDERLYING CONDITION LAST.  (C)					
MARGIN UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISASE OR CONDITION CAUSING IT.					
н.		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
PLEASE WRITE PL. IY, WITH correct age is especially important.		21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?	exact location)				
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  while at work at work					
		12/25 (2) 11/25 (2)	at I last saw the				
		23A. SIGNATURE 23B. ADDRESS JOHNS HOSPITAL 2.	12/25/52				
	TIC B	4A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or con removal (Superify) 12/29/52 Westmarkery Westmoreland	Co. Va.				
		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  OCAL REG	DRESS				
		VS 150 To be Opprov. Caza Presolman	la				

NOT A MEDICAL EXAMINER'S CASE

William Chief OR ASS'T. MEDICAL EXAMINED

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information

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE Lottie DEATH /2 -24-52. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, watte RURAL and give ORTOWN INSTITUTION University Hospi Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore ms. Days should be 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours | Min. 10A. USUAL OCCUPATION (Givekind of ACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTR WHAT COUNTR Housewife death 13. FATHER'S NAME MOTHER'S MAIDEN NAME untersown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL ADDRESS SECURITY NO. causes Mo y item 18. DEATH CAUSE OF ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY ALY, WITH important. 218. PLACE OF INJURY 21A. ACCIDENT WAS UNDERe. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? PL. A OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Oct 12 1962, to 12 - 24 \_, 1952; that I last saw the espe PLEASE WRITE correct age is esp . 1952; and that death occurred at 3 h.m., from the causes and on the date stated above. deceased alive on 12-14 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 12-24-5

TION\_REMOVAL (Specify)

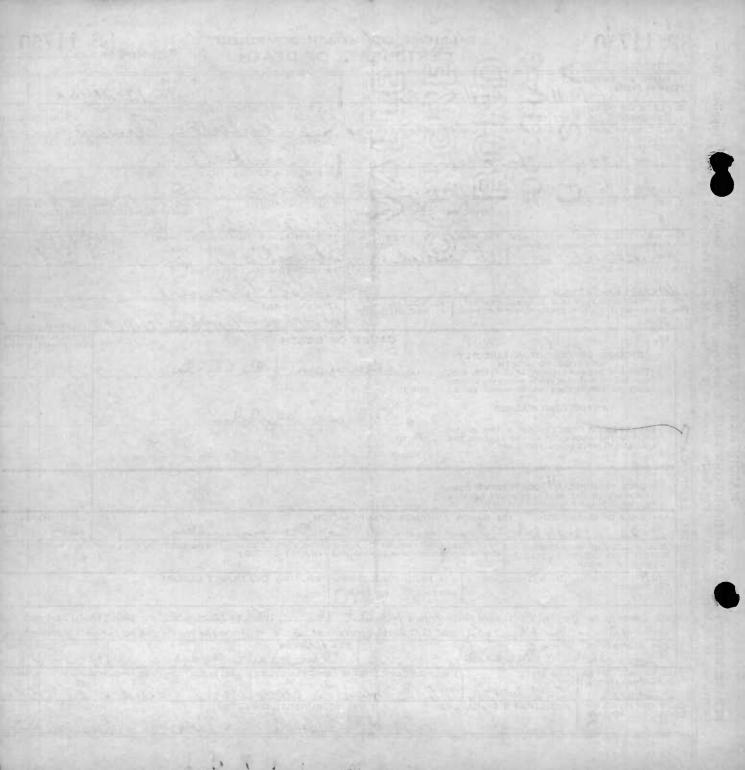
RURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR 240. LOCATION (City, town, or county)

Burral DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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VS 150



## BALTIMORE CITY HEALTH DEPARTMENT

PLEASE WRITE INLY, WITH UNFADING INK. Every item of information should fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legally.	12 B	11/51	EALTH DEPARTMENT E OF DEATH	Registered No.	11751
		NAME OF DECEASED ANTHONY WILLIAM SCHELLE	2. DATE OF December 23, 1952		
	B.	PLACE OF DEATH: Baltimore City, Maryland 413 N. Kenwood Ave.  FULL NAME OF (If not in hospital or institution, give street address o location structure)  STITUTION	c. CITY OR TOWN (If		itution : residence before admission
	5.	Length of stay in Baltimore life Mos.  SEX 6.COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED (Specify manual of the manual of	8. DATE OF BIRTH	N. Kenwood Ave	r I Year   If Under 24 Hours
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even i retired)  retired—Shipping Clerk  13. FATHER'S NAME  Peter S. Schelle		Baltimore, Md.		CITIZEN OF WHAT COUNTRY U.S.A.
	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES?  In no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mary Moran Schelle, wife, above		RESS
	MEDICAL CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	terioslerons	kent dising	
		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	Perlensin		20. AUTOPSY?
		21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	In or   21C. WHERE DID (I	f in Baltimore City, give	YES NO
		CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY  m. WHILE AT WORK AT WORK		OCCUR?	
	2.	22. I hereby certify that I attended the deceased from 7-1-, 19%, to 12-23-, 1952 that I last saw the deceased alive on 12-23-, 1952, and that death occurred at 412 m., from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  4A. BURIAL. CREMA! 24B/DATE  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)			
PLEASE correct a	TIO	N. REMOVAL (Specify) Burial Dec. 27, 1952 New Cathedra Received By REGISTRAR'S SIGNATURE		imore, Md. Home, Inc.	DDRESS

THE PERSON NAMED OF THE PERSON

VASCI BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore arama Days 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (in years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 2-18-1895 Marries 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s s of death clear Baker 412 Fleet St. Czechoslovakia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. yes 18. CAUSE OF DEATH 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK

WHAT COUNTRY? Phyllis Klecka ADDRESS JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) . 1952 that I last saw the 22. I hereby certify that I attended the deceased from... PLEASE WRITE correct age is esp deccased alive on 12 125, 1952, and that death occurred at 1.30 km., from the causes and on the date stated above, 235 RIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial Dec. 29, 1952 Oak Hill Cem. Baltimore. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St. VS 150

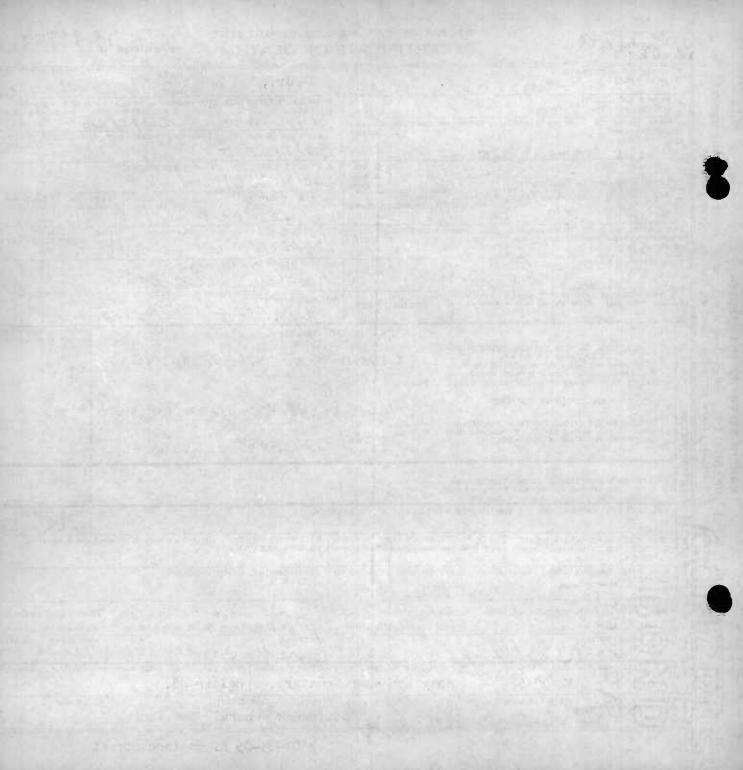
before admission)

If Under 1 Year

12. CITIZEN OF

THE PERSON NEW

BALTIMORE CITY HEALTH Registered No. 11753 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ChARLES F. Jr., ully supplied. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or POPLIIMONE HOSPITAL OR location) C\_CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Vrs ADDRESS (If rural, give location) Mos. BELMOND AVE. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under | Year If Under 24 Hours last birthday) Months; Days Hours Min. If Under 24 Hours information should of death clearly an WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MANIC DALTIMONE YSA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. BALTIMONE 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH omeruloNephritis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPERTOUSIVE CHRUIOVOSCUITU DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p RENOI DISENSE UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 5219 5210 22. I hereby certify that I attended the deceased from 12-20 , 19 5, that I last saw the PLEASE WRITE correct age is esp . 19 5 Land that death occurred at deceased alive on 12-45 m., from the causes and on the date stated above. 284. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Holy Redeemer Cemetery. Belair Rd. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Schimunek Funeral ome Inc 549 2601903-05 E. Madison Street VS 150



PLEASE WRITE INLY, WITH UNFADING correct age is especialy important. Physicians:

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 117.54 Registered No.

				_
(?	Sype or Print) Victoria More	aN	2. DATE OF DEATH 2 2 3 1953	9
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived. If institution: residence B. COUNTY before admission	
	FULL NAME OF (If not in hospital or institution, give street address or	1142	1 . 2 . 2 .	
	OSPITAL OR ISTITUTION /2/0 W. Franklin W.	C. OTY OR TOWN (If or	atside corpora le baits, with RUVAL and g townsh	
	Yrs. Mos.	D. STREET ADDRESS (If ru	al, give location)	_
	Length of stay in Baltimore Days	12107111	rawnim st.	
17	6. COLOR OF RACE 7. SINGLE, MARRIED, MIDOWAED DIVORCED (Specify)	May 10 18 90	9. AGE (In years li Under I Year li Under 24 Hours M Months Days Hours M	
10	A. USUAL OCCUPATION (Giyekindof) 108. KIND OF BUSINESS OR	11. BIRTHPLACE State or fore	eign country) 12. CITIZEN OF	
MOL	k done during most of working life ever if retired) INDUSTRY	I St. Mary	Co. Ma. WHAT COUNTY	RY?
13	B. HATHER'S NAME PENNIN	14. MOTHER'S MAIDEN NAM	Taka 11	
14	WAS DECEASED EVED IN IL S ADVINCTION TO SOCIAL	Junior 14	avive	
E	(If yes, give war or dates of service)  WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  SECURITY NO.	Emma Ferne	risk 2/ St.	-
	18. 2 . CAUSE	OF DEATH IA	INTERVAL BETWE	EN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEA	HI
	(This does not mean the mode of dying, e.g., (A)	eller yer	William I had	1
	heart failure, asthenia, etc. It means the disease,	**************************************		
		11		
_	ANTECEDENT CAUSES	Van No leur		
0	DISEASES OR CONDITIONS, IF ANY, GIVING			• • • • • •
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	[1]		
Ü	(C)			
正				
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-			
R	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
,	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY	7
K			YES NO	
EDICA	218. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., cause of Death		in Baltimore City, give exact location)	
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE			
	m. WORK AT WORK			
	22. I hereby certify that I attended the deceased from 5	1952 to	I fe S, 19 2 that I last saw	the
	deceased alive on fine and that death occur	red at 10 m., from the	causes and on the date stated abo	vc.
	23A. SIGNATURE	38 ADDRESS	23C DATE SIGNE	EB
	Wilcamer M.D.	1) 3 (cen	X-VI 1/2/26/1)	L.
1	AA. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETE	RY OR CREMATORY 2/0, LOC	ATION (City, town-or county) (Stat	(e)
1	DUNION 12/27/02/7//Y. WING	un (em 13d)	115. 7110.	-
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 322 A	h.

BIRTH NO (Type or Print) fully supplied.

52 11755 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (In years) II Under 1 Year If Under 24 Hours last, birthday) | Months; Days | Hours ! Min. WIDOWED, DIVORCED (Specify) dOWE 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR State or foreign 12. CITIZEN OF work done during most of working life, even if retired WHAT SOUNTRY INDUSTRY information s s of death clea IMIVER Il is tell intig MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no gr usknown) (If yes, give wer or dates of service) SECURITY NO. causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Expertensive Cardio voscular Disa ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 2 - 9 - , 19 2 to 12 - 24, 19 3 that I last saw the deceased alive on 12-24, 1952 and that death occurred at 430 Pm., from the causes and on the date stated above, 23A SIGNATURE 23c. DATE SIGNED

25. FUNERAL DIRECTOR

WRITE

PLEASE

24A. BURIAL, CREMA-24B. DATE DATE RECEIVED BY

VS 150

7-26-32 LODN: Causellona LOCATION (City town, or compty)

LOCAL REGISTRAR

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF

5. SEX

male

13. FATHER'S NAME

(Yes, no or unknown)

18.

no

supplied.

information should of death clearly an

Jo

item

Every

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11756 Registered No

It Under 1 Year

12. CITIZEN OF

If Under 24 Hours

WHAT COUNTRY?

NTERVAL BETWEEN

CERTIFICATE C	DEATH				
HENRY CAMPBELL CARTE	?	2. DATE OF DEATH	Dec.	24,	1952
	SUAL RESIDENCE (V	Where deceased liv			residenc

ion) (If not in hospital or institution, give street address or Md. (If outside corporate limit, write RURAL and give C. CITY OR TOWN township)

Baltimore

D. STREET ADDRESS (If rural, give location)
2409 Garrison Blvd.

Yrs. Mos. Davs 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify)

> Dec. 14, 1873 79
> 11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME

George Anna Smith

17. INFORMANT ADDRESS Miss Dora Carter - 2409 Garrison Blvd.

DUE TO

INDUSTRY

DUE TO

CAUSE OF DEATH

21c. WHERE DID

INJURY OCCUR?

20. AUTOPSY

23c. DATE SIGNED

YES

ADDRESS

(If in Baltimore City, give exact location)

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-

WILLIAM

INSTITUTION 2409 Garrison Blvd.

white

6. COLOR OR RACE

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

2/48. DATE

REGISTRAR'S SIGNATURE

UNDERLYING CONDITION LAST.

LYING OR CONTRIBUTING

CAUSE OF DEATH

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Buria.

DATE RECEIVED BY

LOCAL REGISTRAR

OF INJURY

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Electrician (Rtd)

Thomas H. Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

7. SINGLE, MARRIED

single

Commercial

10B. KIND OF BUSINESS OR

16. SOCIAL

SECURITY NO.

none

AT WORK

WORK 22. I hereby certify that I attended the deceased from\_

deceased alive on 12-14-, 1952, and that death occurred at 1

23B. ADDRESS

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

Woodlawn. 25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

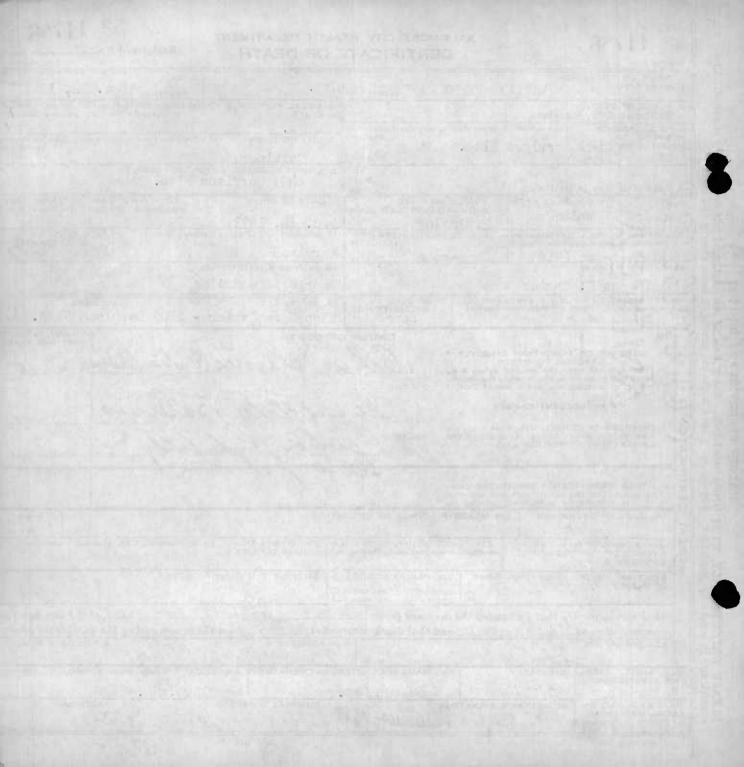
24D. LOCATION (City, town, or county)

1952 to 12 -24 - , 1952 that I last saw the

m., from the causes and on the date stated above.

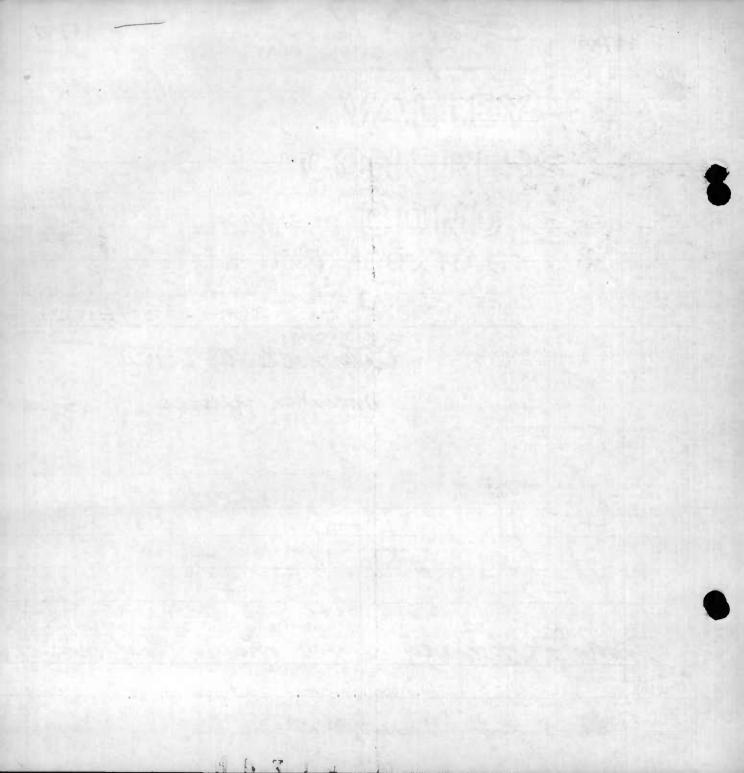
VS 150

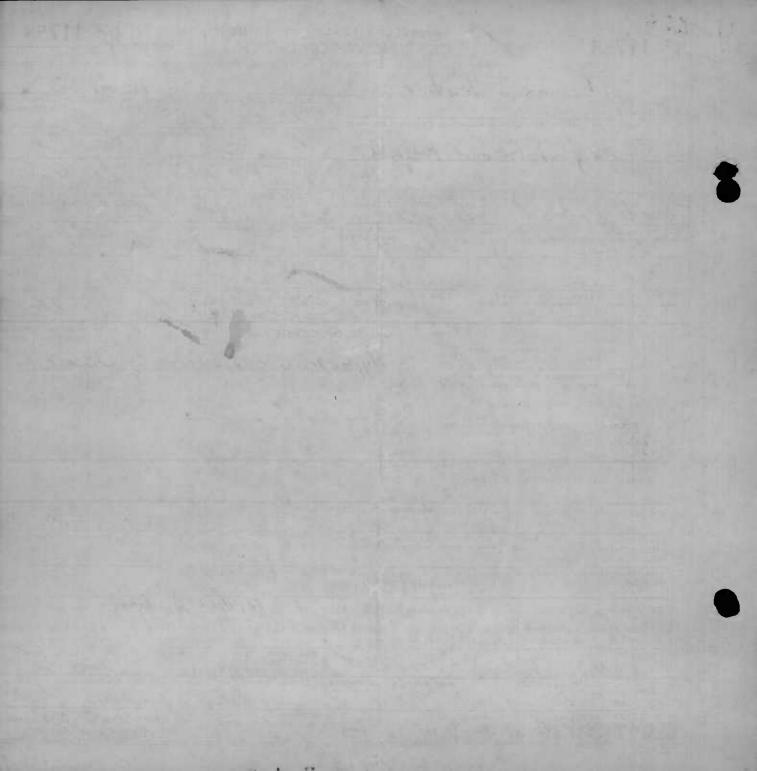
UNFADING | Physicians: pl important. especially PLEASE WRITE



BIR	52 11 RTH NO.	757		EALTH DEPARTMENT E OF DEATH		52 11757 ed No.
	NAME OF D	ECEASED BI	ANCHE CARROLL HIPSLE	Y	2. DATE OF DEATH	Dec. 26, 1952
B. FLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOOD Convalescent Home					Where deceased live B. COUNTY	d. If institution: residence
5. 9	Length of s	tay in Baltimore 6.COLOR OR RACE White	WIDOWED, DIVORCED (Specify	D. STREET ADDRESS (If	9. AGE (In year last birthday)	53-40
10A work d	done during most of HOUSEW	CUPATION (Give kind o of working life, even if retired 110	widowed  lob. KIND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTR
	FATHER'S N	• Wilderson		14. MOTHER'S MAIDEN N	AME	
15. (Yes,	WAS DECEASE no or nnknown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Hipsle	ev - 3132 0	ADDRESS Wy <b>an</b> s Falls Pko
NOIL	heart failu injury or	LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which		eriosclerotu escular de	lease	15 4ear
-ICA	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION L	) STATING THE DUE TO AST.			
CERTIFIC	OTHER STRIBUTION	HE ABOVE CAUSE (A VING CONDITION L  II  GIGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	IF ANY, GIVING ) STATING THE DUE TO AST.  (C)  DITIONS CON- NOT RELATED N CAUSING IT.			
EDICAL CERTIFIC	OTHER S TRIBUTING TO THE D	HE ABOVE CAUSE (A VING CONDITION L  II  GIGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	IF ANY, GIVING ) STATING THE DUE TO AST.  (C)  OITIONS CON- NOT RELATED	in or   21c. WHERE DID (	If in Baltimore Ci	20. AUTOPSY? YES NO [ ity, give exact location)
MEDICAL CERTIFIC	OTHER STRIBUTION TO THE DISA. DATE COMMICIDE  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY	HE ABOVE CAUSE (A YING CONDITION LESS TO THE DEATH, BUT ISEASE OR CONDITION FOPERATION NT. SUICIDE, (Specify)  Month) (Day) (Year y certify that I at live on 12-25	ORTIONS CONNOT RELATED NOT WHILE AT WORK WORK NOT WHILE AT WORK LEADED AND WORK AT WORK LEADED AND WORK AT WORK LEADED AND WORK AT WOR	in or 21c. WHERE DID (ctc.) INJURY OCCUR?  RED 21F. HOW DID INJUR	Y OCCUR?	20. AUTOPSY? YES No lity, give exact location)  957, that I last saw to the date stated above 23c. DATE SIGNE
MEDICAL CERTIFIC	OTHER STRIBUTION TO THE DISA. ACCIDE HOMICIDE  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY  22. I hereb deceased a	HE ABOVE CAUSE (A VING CONDITION LESS TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION  NT. SUICIDE. (Specify)  Month) (Day) (Year or condition of the conditi	OITIONS CON- NOT RELATED N CAUSING IT.  198. MAJOR FINDINGS OF OPEI  218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.  1) (Hour)  21e. INJURY OCCURF M. WHILE AT NOT WHILE AT WORK  tended the deceased from  1952, and that death occu	21c. WHERE DID (ctc.) INJURY OCCUR?  RED 21f. HOW DID INJUR  22f. 1957 to rred at 1.20 cm., from to 22g. ADDRESS	y occur?  12-26, 1  the causes and of the causes and occurrence oc	20. AUTOPSY? YES NO [ ity, give exact location)  95%, that I last saw to the date stated above 23c. DATE SIGNED 12-26-5%.
MEDICAL CERTIFIC	OTHER STRIBUTING TO THE DOTATE OF INJURY  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY  22. I hereb deceased at 234 SIGNA.	HE ABOVE CAUSE (A VING CONDITION L  II  IIGNIFICANT CONE IS TO THE DEATH, BUT ISEASE OR CONDITIO  INT. SUICIDE. (Specify)  Month) (Day) (Year  If ver on 12-25  IV  CREMA: 24B. DATE IDECTIFY CAUSE  D BY   REGISTRAR	OITIONS CON- NOT RELATED N CAUSING IT.  21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	21c. WHERE DID (ctc.) INJURY OCCUR?  RED 21f. HOW DID INJUR  22f. 1957 to rred at 1.20 cm., from to 22g. ADDRESS	y occur?  2-26, 1  the causes and of	20. AUTOPSY: YES No ity, give exact location)  95%, that I last saw to the date stated about 23c. DATE SIGNE

MARGIN RESERVED FOR BINDING





52 11759 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ully supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. 9. AGEUn years 6. COLOR OR RACE 8. DATE BIRTH If Under | Year last birthday) | Months; Days | Hours : Min. narrie clearly 10A. USUAL OCCUPATION (Givekind of KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10B. 12. CITIZEN OF work done oring most of working life, even if retired) INDUSTR WHAT COUNTRY information cha acker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes of INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES M. RTIFICATIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: NFADING UNDERLYING CONDITION LAST. MARGIN (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. EDICA YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) especially imp 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK 2-20, 195 that I last saw the 22. I hereby certify that I attended the deceased from. WRITE 23, 1952, and that death occurred at deceased alive on\_ \_m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2AC. NAME OF CEMETERY 24A. BURIAL, CREMA-24B DATE (State) 240. LOCA" TION REMOVAL (Specify) una DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate filits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED B. DATE OF BIRTH If Under 1 Year Il Under 24 Hours information should be of death clearly and 9. AGE (1) years If Under I Year I Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired). INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes JOHNS HOPKINS HOSPITAL Jo INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\overline{\mathbf{0}}$ 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NLY, WITH important. YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK . 1953 that I last saw the 19.53 to\_ 22. I hereby certify that I attended the deceased from. espec , 1952, and that death occurred at 10.40 m., from the causes and on the date stated above. PLEASE WRITE correct age is esp deceased alive on 12 22 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) crouter Juria DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

720 8/

HYATE OF BEATH Florida 4 

Registered No. 11761 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Marylan before admission) (If not in hospital or institution, give street address or umos B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. ADDRESS (If pural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR, OR RACE 7/SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) AGE (in years) last birthday) | Months Days Hours Min. TOA. USUAL OCCUPATION (Give kind of clearly 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during mott of working life, even if retired) information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES? Jo 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO of INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) . RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from that I last saw the WRITE A.m., from the causes and on the date stated above. deceased dive on NEC V. 1957, and that death occurred at o 23A. SIGNATURE 23B. ADDRESS

24A. PORIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY PLEASE TION, BENOVAL (Specify) DATE RECEIVED BY REGISTRAD'S SIGNATURE FUNERAL DIRECTOR 25. LOCAL REGISTRAR VS 150

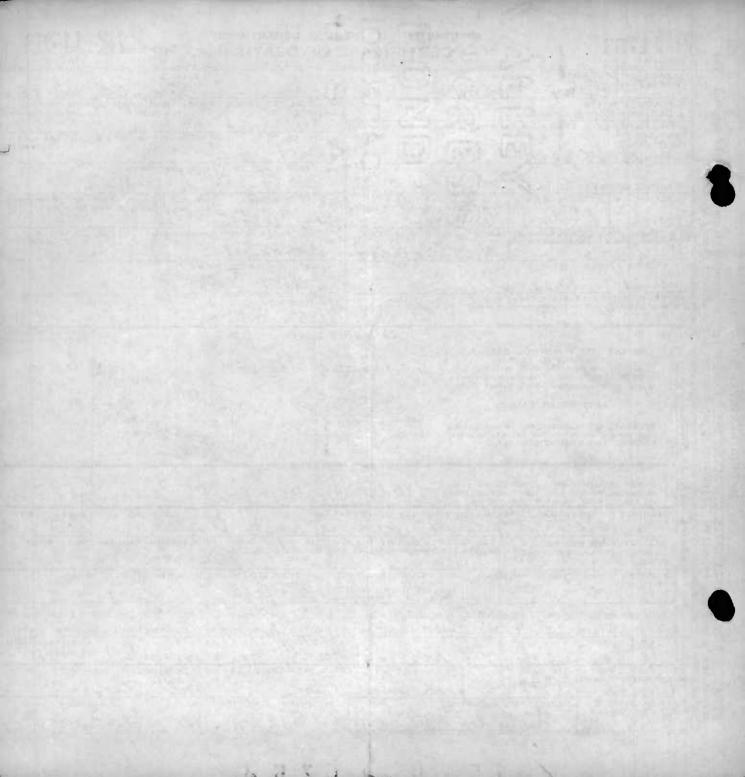
Dr. John Butest 4803 Ple Hybrito the 2 Trave

52 11762 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 34 COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Dallemore HOSPITAL OR location C. CITYOR (If outside corporate limits, write RURAL and give INSTITUTION lemore Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE If Under 1 Year If Under 24 Hours AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. larried 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR work done during most of working life, eyeo if retired) INDUSTRY ਹ ousewo timore death 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME James assuns 75. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, po or uoloowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or uokoowo) SECURITY NO of INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) ... RTI OTHER SIGNIFICANT CONDITIONS CON-H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from October 1900 to Nec. 1902 that I last saw the WRITE re is espe deceased alive on Nee V6 19 5 %, and that death occurred at 2m., from the causes and on the date stated above. 23B. ADDRESS 234. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-PLEASE TION REMOVAL (Specify Kurial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Dr. Michael De. Vincentia

ı	155	
2	71/(10)	E OF DEATH Registered No. 11783
	IRTH NO.	
	NAME OF DECEASED (Sype of Print) EMILY HOFFMAN	OF DEC. 24 191-2
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution residence A. STATE B. COUNTY before admission)
в.	FULL NAME OF (If not in hospital or institution, give street address or location)	
	Musch your and Hospital	Ballinger township
30.	Length of stay in Baltimore 30 was Mos.	D. STREET ADDRESS (If rural, give location) 202 Fifth Avenue
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I Year   I Under 24 Hours
No.	LIGHT OF BUSINESS OR INDUSTRY	11 BIFTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	B. PATHER'S NAME	14 MOTHER'S MAIDEN NAME
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  a, no of unknown (If yes, give war or dates of service) SECURITY NO.	17/INFORMANT/ ADDRESS
_	18. 5.0/ C end F 902 0 CAUSE	OF DEATH / HOOZ TRUMONE HO
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CERTIFICATION APPROVED BY Grus.
M	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	SEPTIFICATION AND AND AND AND AND AND AND AND AND AN
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	GEN!
ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	WIGHT OR ASST. MEDICAL EXAMINE
IFIC		CHIEF
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	re nech of ut. fermer 21 lays
7	19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPER	11 100/11/10
DIC	21A. ACCIDENT WAS UNDER.  21B. PLACE OF NJURY (o. g., LYING OR CONTRIBUTING About home, farm, factory, street, office bidg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
M	CAUSE OF DEATH HOME	1202 fifth Are
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  / 2 3 5 Z m. WHILE AT NOT WHILE AT WORK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	22. I hereby certify that I attended the deceased from	12/3 , 1952, to 12/24, 1952, that I last saw th
	deceased flive on 12/24, 1952 and that death occu	rred at 11 Am., from the causes and on the date stated above
	234 SIGNATURE (1. James M.D.	Much tome & Hospital 12/24/52
	44. BURIAL, CALMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	OCAL REGISTRAR  Turturator Williams M.	Wer Cok Inc. 1217 St. Paul st.
-	VS 150	
1	11-820.0 = 690	46

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52 11764 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE FRANK R COLEMAN ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limit), write RURAL and give C. CITY OR TOWN INSTITUTION 5003 ROSS BALTIMORF Yrs. D. STREET ADDRESS (If rural, give location) Mos. ROSS RUAD c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year last birthday) Months: Days Hours: Min. should k WIDOWED, DIVORCED (Specify) WHITE SINGHE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doogduring most of working life, even if retired) INDUSTRY information s INTING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY E. KURTZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT ADDRESS (Yee, no or uoknown) (If yes, give war or dates of service) SECURITY NO. 5003 ROSS HELEN SHOCKLEY 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK . 1952, to flee 24, 19 14 that I last saw the DCT 10 22. I hereby certify that I attended the deceased from. deceased alive on 160, 23 1952, and that death occurred at 2 PLEASE WRITE correct age is esp P. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR a truston

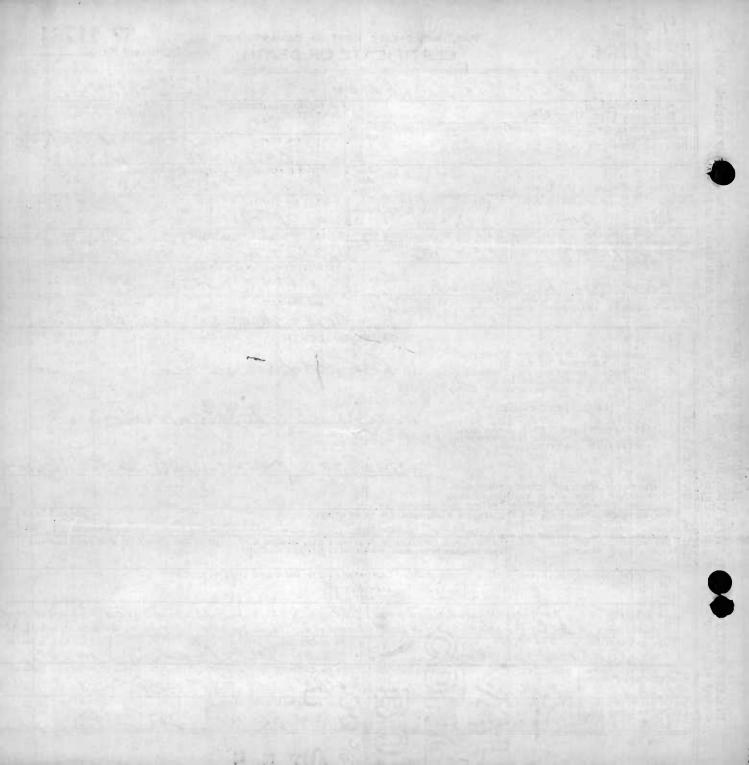
before admission)

If Under 24 Hours

WHAT COUNTRY?

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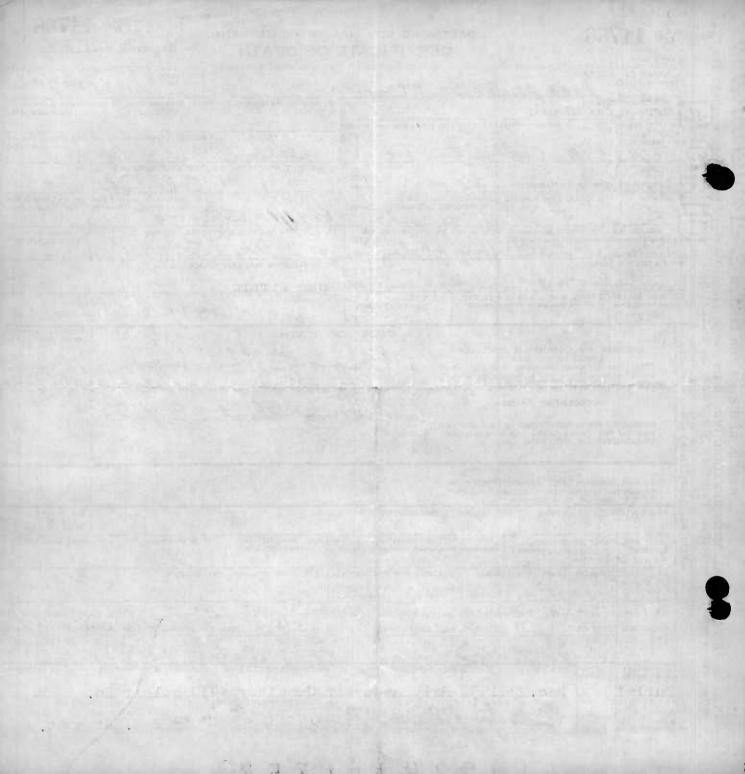


m Case Keles BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11765 CERTIFICATE OF DEATH 1. NAME OF \*DECEASED (Type or Print) 2. DATE ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be learly and le 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 5. SEX BIRTH Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Retired Vailor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 12 INFORMONING HOPKING HOSPITAINDRESS SECURITY NO. Every item of i rkuis woshwa 100 NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ..... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO NOT A MEDICAL EXAMINER'S CASE ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. CHIEF OR ASS I. MEDICAL EXAMINER OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\overline{0}$ 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY HT1W (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT PLEASE WRITE WORK AT WORK 19 52 to , 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ and that death occurred at 5.30 m., from the causes and on the date stated above. 1952 deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24c. NAME OF CEMETERY OR GREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, GREWA 248. DATE THOMAREMOVAL Spec 13al 10 Buraal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR mercusky VS 150

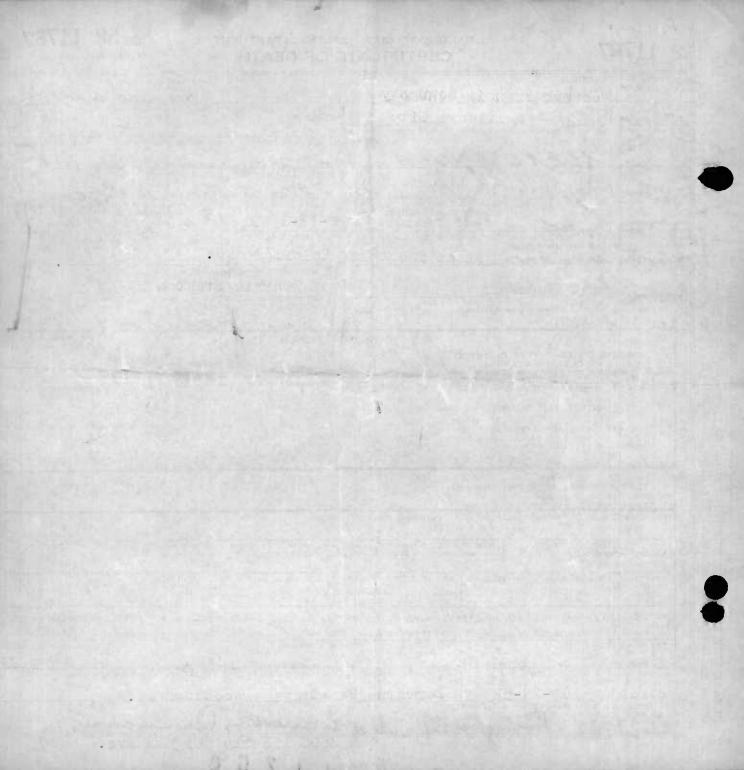
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The	В	CERTIFICATI	E OF DEATH Registered	No. 6347
		NAME OF DECEASED Type or Print)  08896  Battag/	2. DATE OF DEATH	2/25/52
ilqqu	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, ) A. STATE B. COUNTY	f institution : residence before admission
fully supplied.	H	OSPITAL OR NSTITUTION	C. CITY OR TOWN (If outside corporate lim	its, write RURAL and give
fully	1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
ld be		Length of stay in Baltimore  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years)	If Under 1 Year   If Under 24 Hours fonths; Days   Hours : Min.
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C.S.	Wor	h done during most of working life, even if retired)  Hosp + Ballan Garn	Italy	WHAT COUNTRY
NG rmati death	13	Salvatore Battaclia (M)	Rosa Piraro	
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R em			OF DEATH	INTERVAL BETWEEN
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		injury or complication which caused death.) OUE TO  ANTECEDENT CAUSES		
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LY, WITH important.	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		
In in	~	2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRE WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?	
E		22. I hereby certify that I attended the deceased from deceased alive on 12/8, 1952 and that death occur	-100	2, that I last saw th
PLEASE WRITE		23A. SIGNATURE 2	red at 5 m., from the causes and on 3B. ADDRESS	23c. DATE SIGNED
SE t	24 TIC	4A. BURIAL, CREMA-ON, REMOVAL (Specify)		
LEA		Burial Dec. 29 1952 Holy Redeem ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	er Cemetery 4430 Belair	Rd ADDRESS
що	=	VS 150	Angul Wella lock 322 s.	High St.
			1.3D	



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	1. N	AME OF DEC					2. DATE OF	
		LACE OF DEA			Sohumsky	4. USUAL RESIDENCE	(Where deceased lived.	
dns	8. FL	JLL NAME OF	y, Maryland Ba		tion, give street address		B. COUNTY	before admission
i i		PITAL OR FITUTION	1164	. , ,	locatio	c. CITY OR TOWN	(If outside corporate lim	nits, write RURAL and give township
- X	2 .	1	MERC	1/1	Yrs		If rural, give location)	5.2-00
			in Baltimore	ند ﴿	ife Mes	250	SILVER HILL	Are-
an	5. SI	EX 6.	COLOR OR RACE	WLDOY	e, MARRIED, VED, DIVORCED (Speci Parated	8. DATE OF BIRTH 8-12-1908	9. AGE (In years last birthday)	If Under I Year   It Under 24 Hours Months Days Hours Min.
of death clearly an	IOA. ork do	USUAL OCCU	PATION (Give kind of rking life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
5 Z	Ve .	ATHER'S NAM	Khmon	Keit	hs Theathre			
eath		2	nt Schumb	0220		14. MOTHER'S MAIDEN		
of d	15. V	WAS DECEASED E	EVER IN U. S. ARMEE (If yes, give war or dated	FORCES?	16. SOCIAL	17 INFORMANT		ADDRESS
causes		es 2	WW2	s or service)	SECURITY NO		FRONDS	
write the cau		(This does no heart failure,	OR CONDITION EADING TO DEAT t mean the mode o asthenia, etc. It mea nplication which c	FH of dying, e. 1 ns the diseas	se.	ocardial	la tactio	Jan Landon Com
lease ON	- CENTIFICAL	DISEASES OF RISE TO THE UNDERLYING	TECEDENT CAUS R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA  II NIFICANT CONDITION THE DEATH, BUT ASE OR CONDITION	F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(C)			
Physicians: please	- CENTIFICAL	DISEASES OF RISE TO THE UNDERLYING	R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA  II  NIFICANT CONDITION THE DEATH, BUT ASE OR CONDITION	F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(C)	ERATION		20. AUTOPSY? YES NO
Physicians: please	בטוכאב כבא וויוניאו	DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TRIBUTING TO THE DISEASE 9A. DATE OF CO.	R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA  II NIFICANT CONDITION DE THE DEATH, BUT ASE OR CONDITION DERATION IT WAS UNDER-ONTRIBUTING	F ANY, GIVING THE STATING THE ST.  TIONS CONDIT RELATE CAUSING I 9B. MAJOR	NG HE DUE TO  (C)	s, in or 21c. WHERE DID	(If in Baltimore City,	YES NO
with Ontabling Inn. ortant. Physicians: please	MEDICAL CERTIFICAL	DISEASES OF RISE TO THE UNDERLYING TO THE DISEASE OF COLUMN TO THE DISEASE OF COLUMN TRIBUTING TO THE DISEASE OF THE DISE	R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA  II NIFICANT CONDITION DE THE DEATH, BUT ASE OR CONDITION DERATION IT WAS UNDER-ONTRIBUTING	TIONS CONDIT RELATING TO THE CAUSING TO SELECT C	ACE OF INJURY (e. gfarm, factory, atreet, office bld	g, in or 21c. WHERE DID INJURY OCCUR?		YES NO
age is especially important. Physicians: please	2 d 2 2 4 A.A.	OTHER SIGN TRIBUTING TO THE DISEASE OF DEAL PROPERTY OF THE DISEASE OF DEAL PROPERTY OF THE PR	R CONDITIONS, IF ABOVE CAUSE (A) ABOVE CAUSE (A) G CONDITION LA  II NIFICANT CONDITION DEPARTMENT ON CONTRIBUTION TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUT	TIONS COPE STATING THE ST.  TIONS COPE STATING THE STATING THE STATING THE ST.  TIONS COPE STATING THE STATING	NO (C)	RRED 21F. HOW DID INJULE 1052, to murred at m., from 23B. ADDRESS	RY OCCUR?	yes No sive exact location)  2 that I last saw the the date stated above 23c. DATE SIGNED



52 11768 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) fully supplied. Louis Lee Smith DEATH Dec. 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4029 N. Rogers Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 4029 N. Rogers Ave. information should be of death clearly and le Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years M Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White Oct. 9. 1866 Married 86 vrs 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Golden Hill WHAT COUNTRY Salesman Retired Candy Parchester Rounty. Md. 13. FATHER'S NAME Alexina Navv James H. Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO of Mrs. Lida Crouch Smith, 4029 N. Rogers Ave 18. 1/22,1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: pl OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION WITH 20. AUTOPS 21B. PLACE OF INJURY (e.g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from All 4 1950 to ille 26 . 1932, that I last saw the deceased alive on Acces 1952, and that death occurred at 1.05 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 2220 Garrison Blvd. M. D. PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME of CEMETERY or CREMATORY | 24b. LOCATION (City, town, or county) Druid Ridge Cenetery Burial Dec. 29. 1952 Pikesville. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 4510 Liberty Transform Heights Ave. VS 150

BINDING

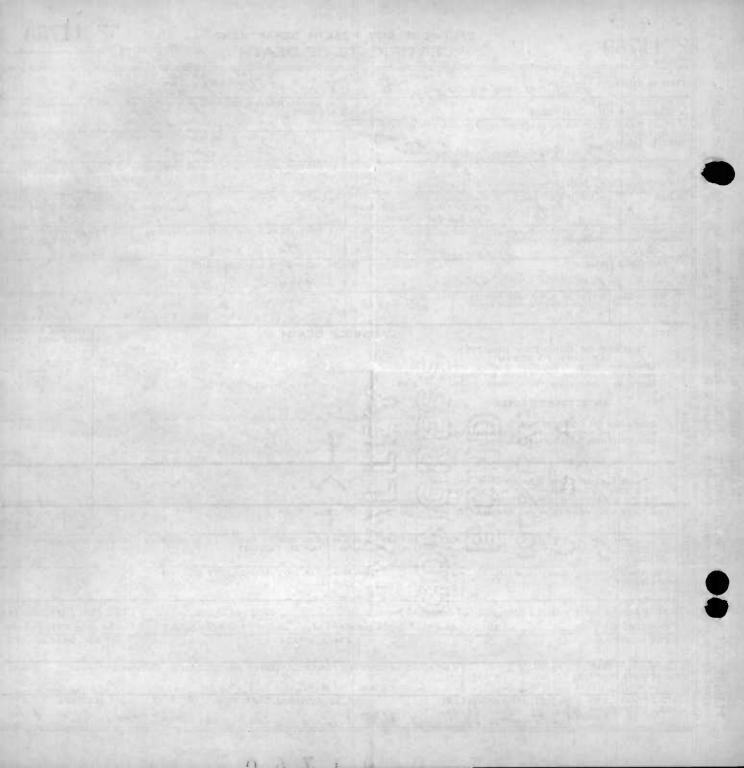
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Je .	2	11769 BALTIMORE CITY HE CERTIFICAT		11769
d. The	1.	NAME OF DECEASED 1 1	EVER (Le Fierre) 2. DATE OF OF DEATH /2 - 26	(-1957
pplie		. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)
fully supplied. y.	H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION  Agree Hashital		write RURAL and give township
le <sub>E</sub>	c.	Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location) (	IRS.
information should be s of death clearly and	F.	SEX 6. COLOR OR BACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Mont	der i Year hs Days Hours Min.
on sho	1 C	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY
rmatic	13	Thomas Breen	Anne Radmind	4.0.11.
of info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or nnknown) (If yes, give war or detes of service)  No NE  No NE	17. INFORMANT ADD	DRESS WICK Road
Every item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	INTERVAL BETWEEN
INK.	ICATION	ANTECEDENT CAUSES	inary Thismile	6 2200
UNFADING Physicians:	CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	DICAL (	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
LY, WITH	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Obout home, ferm, factory, street, office bldg., c		e exact location)
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK		
rRITE is espera	70	22. I hereby certify that I attended the deceased from deceased alive on 195, and that death occur 23A. SIGNATURE	rred at 125km., from the causes and on the	
PLEASE WRITE correct age is est	TIC	4A. BURIAL, CREMA- ON REMOVAL (Specify) 134 RIAL 12-29-52 24C. NAME OF CEMETE	PARK BALTIMORE HA	county) (State)
PLEAS		ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	Coo. L. Schwab - 2101 Fred	ERICK AUG
40		VS 150	081	

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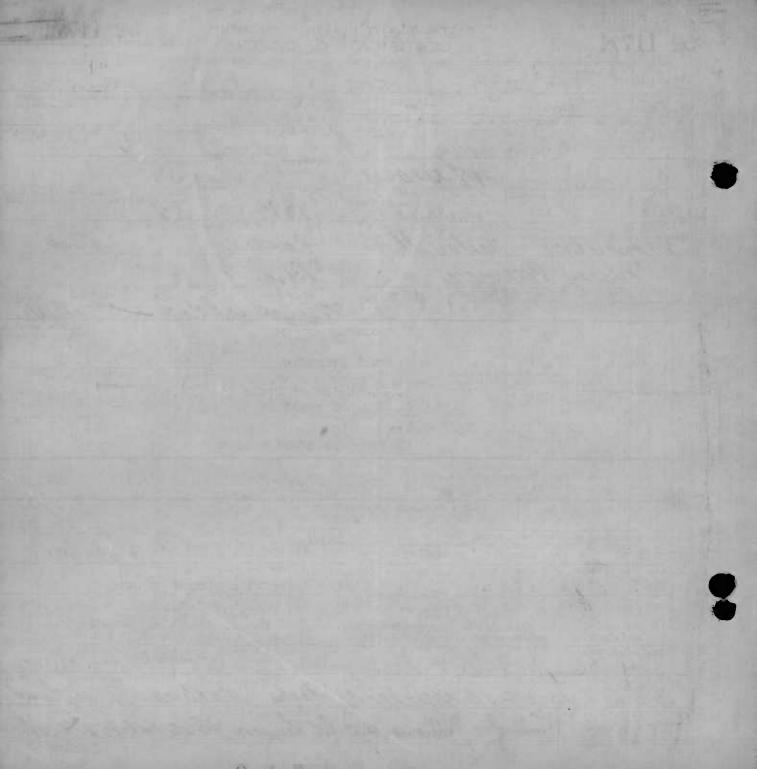
THE PREMIUM AND A RESERVED TO A STATE OF THE PARTY OF THE

before admission)

URAL and give township)

If Under 24 Hours

20. AUTOPSY



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1	52 11772
	BIRTH NO.

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11772

Registered No.

1. (T	NAME OF D ype or Print)	ECEASE	EL	PATZ	C	ORAISH	2. DATE OF DEATH /2	-27-52
	PLACE OF D Baltimore C	EATH: City, Maryland				4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	If institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street ad	idress or ocation)	c. OF TOWN	Is outside composed lies	1 4
	STITUTION	31 Dros	osla	Laure	,	Halten	in outside corporate in	its, write RURAL and give township)
					Yrs.	D. STREET ADDRESS (I	f rural, give location)	-
		tay in Baltimore		21	Mos. Days	131 Pro		ane
Te	male	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED	(Specify)	S. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Months Days Hours Min.
10 word	A. USUAL OC	CUPATION (Give kind of of working life, even a retired)	108. KIND	OF BUSINESS	OR	11. CIRTHPLACE (State or	foreign country	12. CITIZEN OF WHAT COUNTRY?
1	ouse					Owerlow	, va	
13	FATHER'S	IAME A	ita			14. MOTHER'S MAIDEN	NAME	
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORGES?	16. SOCIAL		17/NFORMANT O	7	Appress 4
(Ye	s, no or unknown)	(If yes, give wer or dete	s of septice)	SECURITY	Y NO.	Paul K- 1	ordeck	ADDRESS
	18. 193	Χ .		CA	USE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		0			ONSET AND DEATH
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e. s	g., (A)		our, mol	group lun	2/4-2
	injury or	complication which	aused death	.) DUE TO				
		ANTECEDENT CAUS	SES					
ō	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B) IG IE DUE TO	*************		••••••••••••••••	***************************************
FICATION	UNDERLY	ING CONDITION LA	ST.	(C)				
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RTI	OTHER S	II IGNIFICANT CONDI TO THE DEATH, BUT	TIONS CON	٧.				
CE	TO THE DI	SEASE OR CONDITION	CAUSING I	Т				
7	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF	OPER	PATION &		YES NO L
EDICA		ENT WAS UNDER-	21B. PL	A E OF INJURY	(e. g., i	or 21c WHERE DID	(If in Baltimore City,	
MEL	CAUSE OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, of	lice bldg.,e	ito.) INJURY OCCUR?		
_	21D. TIME (	Month) (Day) (Year,		21E. INJURY O			RY OCCUR?	
			m.		T WORK			
						195, to L		
	deccased al		, 195	and that death		red at 905 pm., from	the causes and on	the date stated abovc.
	A STORY	fol on	vertra	un ,	1. D.		ith hip	12/27/52
24 TIC	BURIAL, ON REMOVAL (S	REMA- 24B. DATE podfy) /2 - 29	-1/2			RY OR CREMATORY 24D.	LOCATION (Sity, tow	n, or county) (State)
	ATE RECEIVE	DADO OTT	SSIGNATU	14700		24. FUNERAL DIRECTOR		ADDRESS PA
	154 70	- Jun	way gran	Licales	An A	talk perovo	Mr. 2100	OMOW IX

2. I hereby certify	that I aftended the	deceased	from_	17/11	19,	, to	7	
eceased alive on_1	V/Y6/52,19	and that	death	occurred at.	130 m	., from	the cay	ses a
3A. SIGNATURE	11	f. on		23s. ADI	DRESS	11	101	1

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PLEASE WRITE

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

M. D.

nd on the date stated above. 24D. LOCATIO

23c. DATE SIGNED (State)

. 19 that I last saw the

DDRESS

before admission)

Il Under I Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YES

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Miller Johnson 1. 1 3 1

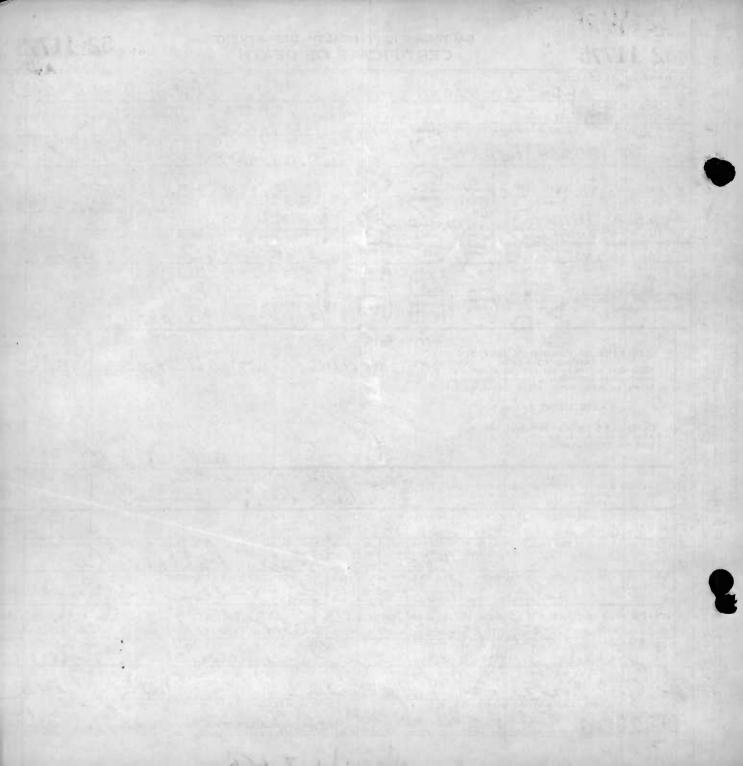
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not to hospital or institution, give street address or HOSPITAL OR location) C. CITA DR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location, Moo. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED if Under 1 Year 8. DATE OF BIRTH F (in years If Under 24 Hours WIDOWED, DIVORCED (Specify) ast birthday) Months Days Hours Min. should mouorie 10A. USUAL OCCUPATION (Giy6kindof 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work work during most of working life, over if retired) INDUSTRY WHAT COUNTRY? ouse we information 15. FATHER'S NAME death 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service) of ADDRESS (Yes, no or unknown) of 18. INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK . 19 Vthat I last saw the 22. I hereby certify that I attended the deceased from. PLEASE WRITE deceased alive on 1 VI W 19 1 and that death occurred at II m., from the causes and on the date stated above. 23A, SIGNATURE 23B ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) 244 BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATOR DATE RECEIVED BY DDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

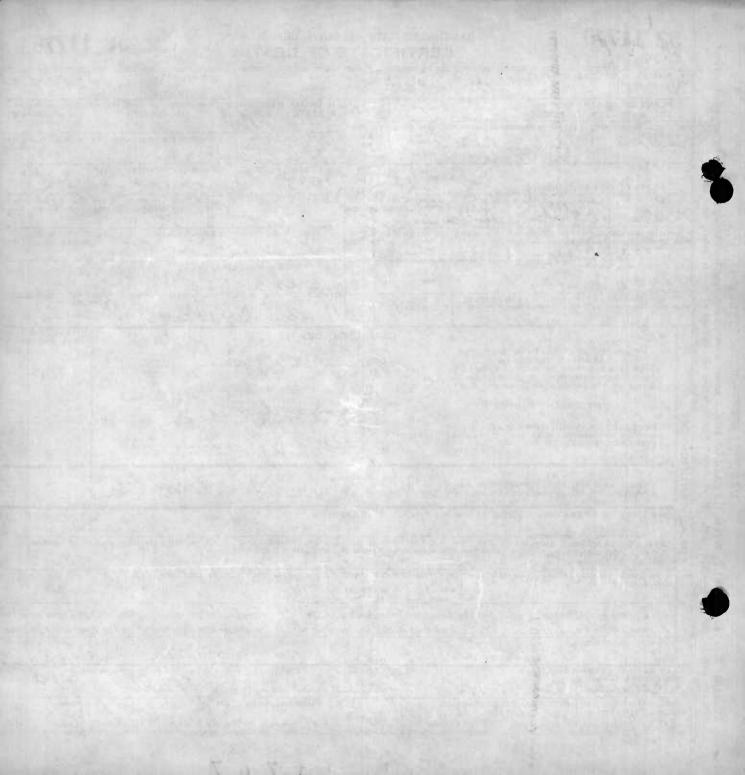
VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11775 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 12-25-57 supplied. -ENDRF TLENN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MERCY HOSPITAL ALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimort ASHLAND COURT Davs information should be 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) WHITE 10-12-1895 TEMIALE NIDOWED 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -0015 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) SECURITY NO. ECORD OS PITZ 18. 1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ENERALIZED ARTERIOSCLEROSIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION APPROVED BY DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 16-16 195 Cthat I last saw the PLEASE WRITE correct age is esp 195 Land that death occurred at 6:46 Pm., from the causes and on the date stated above. deceased alive on 12-25 23A. SIGNATURE 23a, ADDRESS 23c. DATE SIGNED 2-25-5 BURIAL, CREWA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) REMOVAL (Specify) DATE RECEIVED BY 12-28-4 REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR LABILLA MIL N821.0





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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11777

BIRTH NO.		
1. NAME OF DECEASED TESSIE A	ERNER OF 12-	28-52
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before ddmission)
B. FULL NAME OF (If not in hospital or institution, give street add		In Eng
HOSPITAL OR INSTITUTION, 72 & A PORT IN	cation) C. CITY OF TOWN (If outside corporate limits,	write RURAL and give township)
1/32 Cast Damino	rest bulumores	- cownship,
>-	Yrs. O. STREET ADDRESS (If rural, give totation)	-
c. Length of stay in Baltimore	Days 1/32 Oast Haw	more Ut
Emale White narried		nder I Year H Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work do during most of working life, even if getired)	OR 11. B)R HPLACE (State or foreign country)	2. CITIZEN OF
House Will	Lussia	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Molow	Table.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17 INFORMANT AD	DRPS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO. Maron Alruga -	House
18. 4.2 2.1 CAI	USE OF DEATH	INTERVAL BETWEEN
18. 422.1 CAI	ose of beath	ONSET AND DEATH
LEADING TO DEATH	Cheene Myseardies	ryear
heart failure, asthenia, etc. It means the disease,		
injury or complication which caused death.) OUE TO		
ANTECEDENT CAUSES	Grade Sterleres Elever	54.
O DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
U 214 ACCIDENT WAS HINDED 218 PLACE OF IN HIPV		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, off	(i. g., ia or line bldg., etc.) 21C. WHERE DID (If in Baltimore City, gi	ve exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?	
	OT WHILE	
	TWORK LI	<i></i>
22. I hereby certify that I attended the deceased from	7/5//	that I last saw the
deceased alive on, 19 and that death	h occurred at 7m., from the causes and on the	23c. DATE SIGNED
1. Inna Lackon an	2322 Caller all	Sloc 8 HSV
	EMETERY OR CREMATORY 24D. LOCATION (City, town, or	r county) (State)
TYPH, REMOVAL (Specify)	wayyou Halto	Med
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25 EUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	Mark Company	etach Pl
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VS 150

Later Callons George

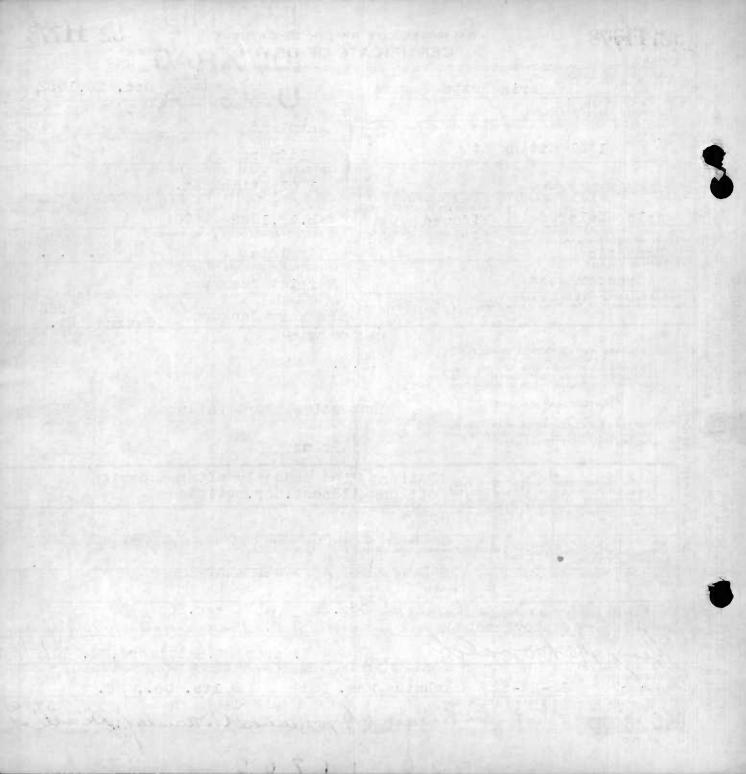
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y supplied.

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24a/ BURIAK. CREMA. 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State 12-29-52 Arbutus Mem. Park Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR Huntington Williams, M. Washington W. Was



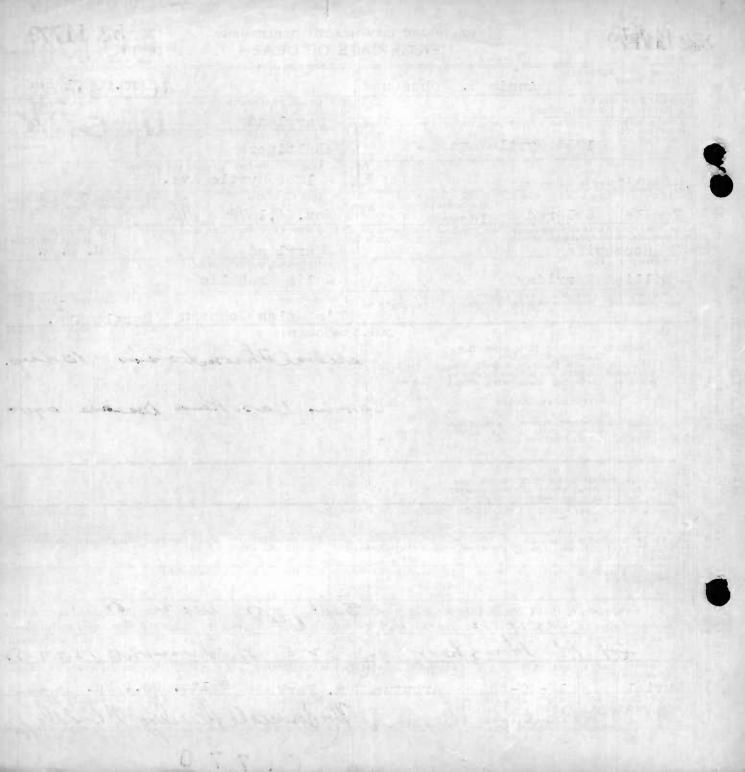
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1	BIRTH NO

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# BALTIMORE CITY HEALTH DEPARTMENT

52 11779

The	В	IRTH NO.		CERTIFICATI	E OF DEATH	registered 1	10.	
T	1.	NAME OF D	ECEASED			2. DATE	The same of the sa	
ed.			Alli	ie R. Johnson		OF Dec.	26,1952	
supplied		PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution: residence before admission)	
ans	В.	FULL NAME		al or institution, give street address or		B. COUNTY	beleft admission)	
N N		OSPITAL OR	1235 Myrt	location)	c. CITY OR TOWN (I	f outside corporate limit	s write RURAL and give	
		BUD.	TEOD MAIL		Baltimore		( township)	
gig eiig				Yrs. Mos.	D. STREET ADDRESS (II			
ld I		Length of s	tay in Baltimore	Days	1235 Myrtle			
	_			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday) Mo	onths Days Hours Min.	
information should s of death clearly a		emale	COLORED CUPATION (Give kied of	Widowed	Nov. 4,1876			
sh	worl	k dooe during most o	of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
ion cl	13	HOUSE FATHER'S	ewife		Maryland		U. S. A	
nat					14. MOTHER'S MAIDEN N			
orr	15		n Harriday		Julia Frankl:	ın		
inf of	(Ye	s, oo or uokoown)	D EVER IN U. S. ARMEI		17. INFORMANT		DDRESS 1235	
of	_				M's Helen John	nson Myrt	le Ave.	
y item the cau		18. 44	2X 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ite he		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of during a grant of the mode of						
		heart failu	not mean the mode of					
Ever		injury or	complication which c					
		ANTECEDENT CAUSES  (B) Carrelio Das. Rouse Dissais 10 yps +						
INK. please	Z O	DISEASES	OR CONDITIONS, II	F ANY, GIVING		- DAG	7077	
2 kg	E	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO				
IN ns:	CA			(C)				
UNFADING Physicians:	RTIF	V-1-	11					
UNF	ER		IGNIFICANT CONDI					
Ed	Ü	TO THE D	SEASE OR CONDITION	CAUSING IT.				
t.H	ار	19A. DATE O	F OPERATION 0 1	9B. MAJOR FINDINGS OF OPER	ATION	,	20. AUTOPSY?	
WITH rtant.	ICAL	21A ACCID	ENT WAS UNDER-	21B. PLACE OF INJURY (e. g., in	o or   21c. WHERE DID	If in Baltimore City, 1	YES NO	
LY, WITH important.	MEDI	LYING OF	CONTRIBUTING	about home, farm, factory, street, office bldg., e	INJURY OCCUR?	22.4	sive exact location;	
À'E		21D. TIME (	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
		0	~	m. WHILE AT NOT WHILE				
Pech		22. I hereb	u certifu that I att	ended the deceased from \$	1947 to	Dec 26 195	that I last saw the	
rE				and that death occur			he date stated above.	
WRITE e is est		23A. SIGNAT			3B. ADDRESS	5,	23c. DATE SIGNED	
E W			T. NA	ugher M.D.	828 m.	Vienous		
SE ag	24 TIC	AA. BURIAL, ( ON, REMOVAL (S	REMA- 24B. DATE	24C. NAME OF CEMETE		OCATION (City, town,		
E A	F	Burial	12-30-		m. Park Ba	alto. Co., 1	Md.	
PLEASE correct a		ATE RECEIVE		SSIGNATURE	25 FUNERAL DIRECTOR	11 1 21	ADDRESS 0 /8	
HO		nrr 18	165 Muntin	for Villipies M.J?	Mrs Joances U y	+ Eurley - W	Buddle 11.	



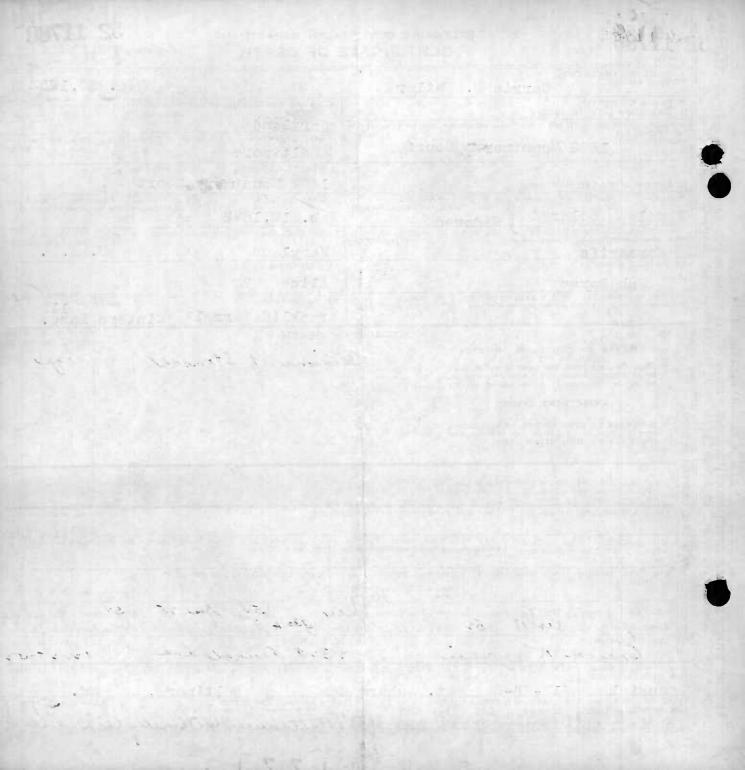
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52 11781

BALTIMORE CITY HEALTH DEPARTMENT Registered 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Emory Amos Welk. DEATH Dec 25,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 905 W.34th St. Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 905 W.34th St. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. White Married Dec 6,1903 49
11. BIRTHPLACE Sate or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U.S. Chauffeur Noxzema Chemical Con Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emory A. Welk. Mary E. Shaffer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknowo) (If yos, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknowe) SECURITY NO Katherine G. Welk. W.34th 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY tuberculosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 101 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 1957 to 12-25, 19 52 that I last saw the 7-14 22. I hereby certify that I attended the deceased from deceased alive on Dec. 25, 1952, and that death occurred at 9 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 846 W. 36 55 5+ . 12-27-5 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Dec 29,1952 S REGISTRAR'S SIGNATURE St. Marvis Cem 3900 Roland Ave. Md. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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Emmer Amos Well.

Dec 25 1962

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Mary C. Shinkler.

Anthony in the Man Allen Con Contract .

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11782

1. NAME OF (Type or Print)					2. DATE			
	Zola	M. Bowerson			DEATH DEC	26,1952		
3. PLACE OF A. Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived.  B. COUNTY	If institution: residence before admission)		
B. FULL NAMI	OF (If not in hospit	al or institution, give stre		Maryland				
INSTITUTION			location)	c. CITY OR TOWN (If	outside corporate lin	nita, write RURAL and give township)		
0-0	2002 Gira	rd Ave.		Baltimore	9.	).		
			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location			
	stay in Baltimore		Days	2002 Girard	Ave.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVOR	CED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	ff Under 1 Year   If Under 24 Hours Months: Days   Hours: Min.		
Female	White	Married.		July 1.1891				
OA. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	108. KIND OF BUSIN	ESS OR INDUSTRY	July 1 1891 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF		
Housewi	and the second second second		INDUSTRI	Ohio.		WHAT COUNTRY?		
3. FATHER'S				14. MOTHER'S MAIDEN NA	AME	10.0.		
III wa	cas S Hamm	teen		n n n				
5. WAS DECEA	SOS S. Harr	FORCES?   16 SOCIA	\L	Emma Burke.		1000000		
es, no or unknown	(If yes, give war or date	of service) SECUI	RITY NO.			ADDRESS		
1				Charles H. Boy	versox.200			
18. / / 5	SE OR CONDITION		CAUSE	OF DEATH		ONSET AND DEATH		
	15 26.55							
(This do	LEADING TO DEA es not mean the mode oure, asthenia, etc. It mea	f dying, e.g., (A)	! * 2	paul Come	·	/1.2036		
injury o	complication which	aused death.) DUE TO						
	ANTECEDENT CAUS	ES	1 ,	C 0		12-16-54		
Z	C OR COURTIONS	(B)	LIV	er tailur	***************************************	***************************************		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.								
UNDER	YING CONDITION LA	ST. (C)	Caren	rma crabba c	met. 5!	any 10-18-52		
ĭ								
OTHER	II SIGNIFICANT CONDI	TIONS CON-						
	IG TO THE DEATH, BUT					7-13-5-13-6		
19A. DATE		98. MAJOR FINDINGS	OF OPER	ATION	2 :	20. AUTOPSY?		
	1.52	0	1414	E medatau t	o lines	YES NO L		
ZIA. ACCI	DENT WAS UNDER-	218. PLACE OF INJ	URY (e. g., is	or   21c. WHERE DID (I		, give exact location)		
CAUSE OF	DEATH	about home, farm, factory, stre	eet, office bldg., e	tc.) INJURY OCCUR?				
210. TIME	(Month) (Day) (Year)	(Hour)   21E. INJURY	Y OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
OF INJURY		WHILE AT	NOT WHILE					
	m.   work   AT WORK							
22. I here	by certify that I att	ended the deceased f	rom_/o-	195L, to_/	2-26,19	54 that I last saw the		
deceased	ilive on 12-28	, 1952, and that d		red at 2:10 Am., from th	ic causes and on			
23A. SIGNA	fut I ma	ue	M. D.	38. ADDRESS Paul -	Breto 18	12-26 SL		
24A. BURIAL. TION, REMOVAL	CREMA- 24B. DATE Specify;	24c, NAME	OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, tow	n, or county) (State)		
Buri		.1952 Lorre	ine P	ark. Wine	sor Mill	Rd.Md.		
DATE RECEIV	ED BY   REGISTRAR	S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS		
LOCAL REGIS								
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E. Henrich Land

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Charles H. Dovernor 2002 Office Ave

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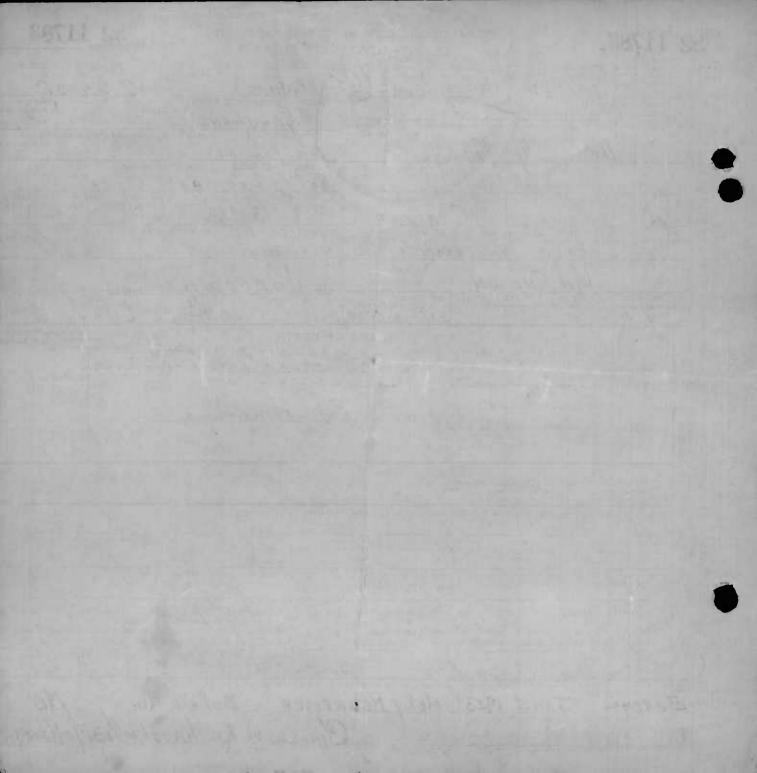
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# BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF Gregolona DEATH 4 USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEAT B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) RLTIMORE ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore LOMIBARD STREE1. Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years | Winder | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARRIED 11. BIRTHPLACE (State or foreign country) IDA. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) / INDUSTRY U.SA CHEN MELPER EMERSONMOTEL 14. MOTHER'S MAIDEN NAME ATHER'S NAME NOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORM ADDRESS (If yes, give wer or dates of service) SECURITY NO INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about bome, farm, factory, street, office bldg., etc.) ō UTING CAUSE OF DEATH W 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE thereon and from 22. I certify that I took charge of the remains described above, held an \_ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. 24D. LOCATION (City, town, or county) BURIAL, CREMA-24 NAME OF CEMETERY OR CREMATORY 24B. DATE ION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

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LOCAL REGISTRAR



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered N 1. NAME OF DECEASED 2. DATE (Type or Print) Aringdale Dobson Seeman OF December-25-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore City HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate Winks, write R VRA), and give INSTITUTION Anderson Convalescent Home Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life c. Length of stay in Baltimore Roland Park Apartments Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. July-16-1872 Widower 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Retired Glass-China Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick C. Seeman Nan Rebecca O'Brien 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No No Mr. A. Russell Slagle, 4803 Roland Ave. None 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) . RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 22. I hereby certify that I attended the deceased from 12 - 8 PLEASE WRITE P.

1952 to 12 - 25 - , 1952 that I last saw the deceased alive on 12 -25'- 1962, and that death occurred at 4. 1. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

**Purial** DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Dec-29-1952

Baltimore, Maryland Greenmount Cemetery 25. FUNERAL DIRECTOR

before admission)

If Under 1 Year

12. CITIZEN OF

U.S.A.

WHAT COUNTRY?

INTERVAL BETWEEN

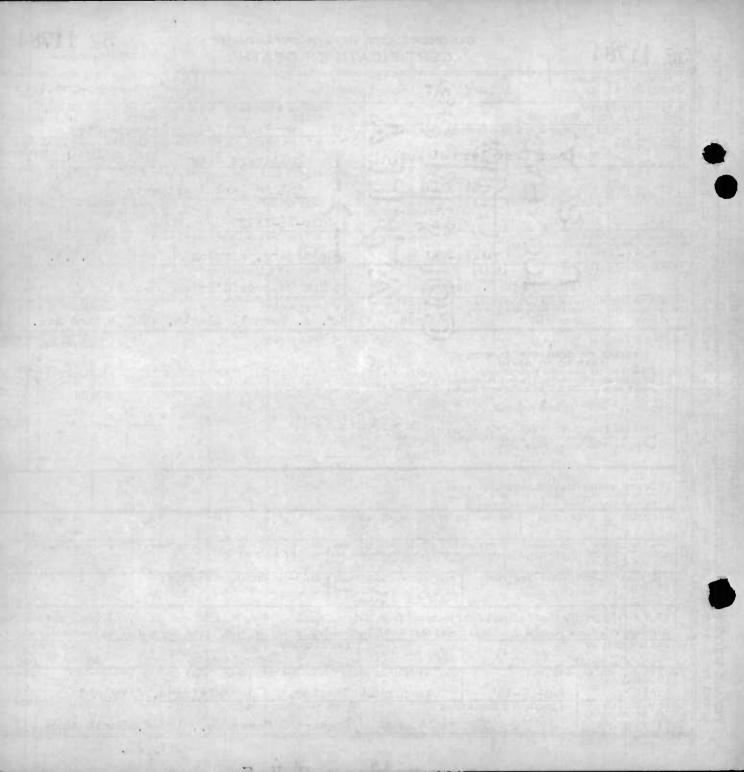
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20. AUTOPSY

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M; Stewart & Mowen Co., 108 W. North Avenue,

City #1.



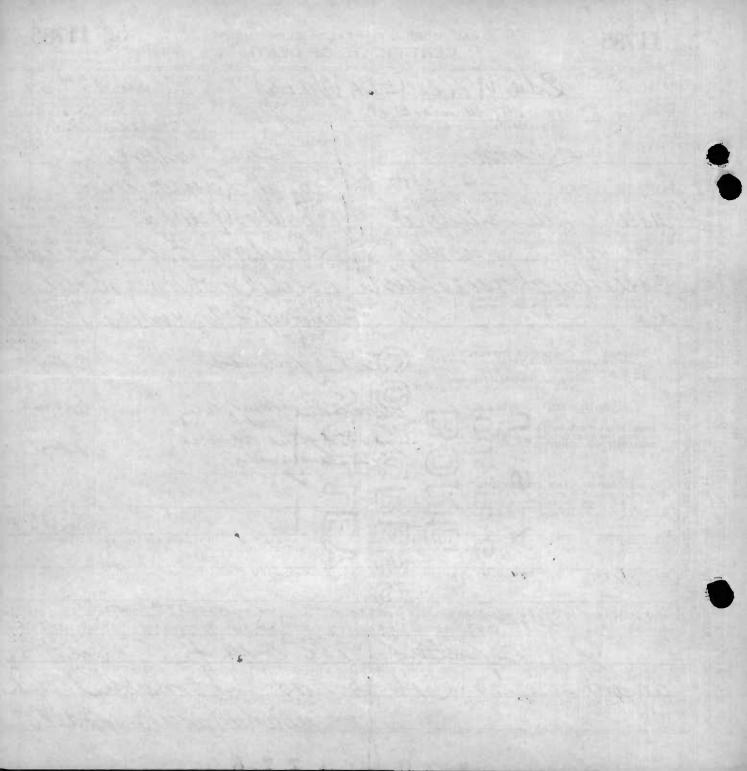
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## BALTIMORE CITY HEALTH DEPARTMENT

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he	BI	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
d. T	1.	NAME OF DECEASED Plan W	Pls (EDA	Muss	OF DEATH ACC.	27452
pplie	Α.		Laurah et	4. USUAL RESIDENCE ()		stitution: residence before admission)
ns A	H	FULL NAME OF (If not in hospital or institu OSPITAL OR NSTITUTION	tion, give street address or location)	C. CITY OF TOWN	f outside corporate limits,	write RURAL and give
a lo	1	at home	Yrs.	D. STREET ADDRESS (If	wral, give location	( township)
legi	c.	Length of stay in Baltimore 4	4-lan Mos.	307 21. X	unale/	
ld be	5	6. COLOR OF RACE 7. SINGLE WIDON	NED DIVORCED (Specify)	B. DATE OF BIRTH	last birthday) Mon	der I Year H Under 24 Hours The Days Hours Min.
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informations of death cl		Could not ase	erlain	couldn	ohascen	lain
	(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	la ward D	DRESS 307-19
eause		18.422.2	CAUSE	OF DEATH	aynunxizme	INTERVAL BETWEEN
ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	1000	had /fourthey		3 lage
Every write th		heart failure, asthenia, etc. It means the disca injury or complication which caused deat	ise.			
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G INK pleas	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	ING	ted gland Rt 1	uch	20-
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UNFA	ERT	OTHER SIGNIFICANT CONDITIONS CO				
54	U	TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOF	R FINDINGS OF OPER	ATION		20. AUTOPSY?
nt.	AL					YES NO L
ILY, WITH important.	EDIC		ACE OF INJURY (e. g., i ,farm,factory,street,office bldg.,		If in Baltimore City, gi	we exact location)
in	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		Y OCCUR?	
alry		m. !	WHILE AT NOT WHILE			
Peci		22. I hereby certify that I attended the	e deceased from	1.16 , 1957 to A	ec 274, 1957	that I last saw the
TE		deceased alive on Dec 16 . 1962	and that death occur	rred at 44 . m., from	the eauses and on the	
WRI e is		23A. SIGNATURE COLL	stard M.D.	156. Bille	st	Sec 77 52
SE ag	24 TI	4A. BURIAL CHEMA 2AB. DATE ON, DEMOVAL (Specify)	24C. NAME OF CEMENTE	RY OR CREMATORY 240 L	OCATION (City, town, o	r county) (State)
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	William	ADDRESS
Pos	L	OCAL REGISTRAR	Table 1	Starling dim	1 20111/2 /	2017

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52 1178 BIRTH NO.	6	ВА	CERTIFICAT			Registere	0 No. 11	1781	<u>&gt;</u>
1. NAME OF D (Type or Print)	ECEASED	= 14	ougs George	R. Thomas		2. DATE OF DEATH /2/	127/5	2	
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDE	NCE (W			: resider	
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital)	al or institu	tion, give street address or location)	C. CITY OR TOWN	(If	Howard outside corporate li	100 /3	JRAL ar	
2	NIVET 251TS	H-0">	PITA C	D. STREET ADDRE		munt give leastion			
c. Length of s	tay in Baltimore		Mos. Days	D. STREET ADDRE	.55 (11 1	rurai, give location)	6200		
5. SEX Male	6. COLOR OR RACE	7. SINGL WIDO	E MARRIED (Specify) WED, DIVORCED (Specify) WET	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Year Months Days	if Under Hours	24 Hour Min
work done doring most o	CUPATION (Give kind of for working life, even if retired)	10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or for	reign country)	12. CITI	ZEN OF	
Laborer 13. FATHER'S N	!AME	Farm		Maryland 14. MOTHER'S MA	IDEN NA	MF			
Samue	el Thomas			Emily					
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Norris Sumb	y,Anna	apolis Jct	ADDRESS Md		
Z DISEASES	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA	ES ANY, GIVI	ng (B) Arteri	osc (sistic)	hypoi	le qui	~		
OTHER S TRIBUTING TO THE DI	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED						
19A. DATE O	ST WAS UNDER-	1 21B. PL	ACE OF INJURY (e. g., in, farm, factory, street, office bldg., c	night 18	ID (If	in Baltimore Cit.	YES		NO E
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OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?			
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	y certify that I att		acceded from	(2 195	,		53, that I		
23A. SIGNAT	ive on 12-27	, 19 <u>52</u> ,	and that death occur	3B. ADDRESS	from th	Les on to		ATE SIC	
24A. BURIAL, C			24c. NAME OF CEMETE	RY OR CREMATORY	24D. LC	CATION (City, to	wn, or county	(8	State)
Burial	12-30-	.52	Locust Char			lton, Md.			
DATE RECEIVE	D BY   DECISTRAD	CICNIAT	UDE I	25 FUNEDAL DID	ECTOR		ADDRES	25	

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F.C? Higinbothom, Ellicott City, Md.

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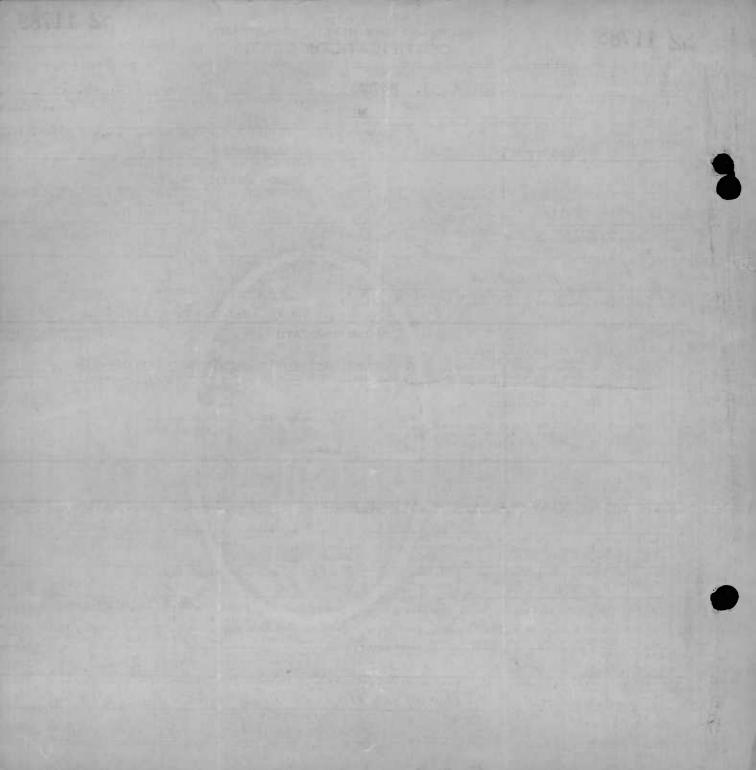
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H	5.		EALTH DEPARTMENT  E OF DEATH Registered No	11787
The	ВІ	CERTIFICATI	E OF DEATH Registered No	
		NAME OF DECEASED (ype or Print)  Susan Hobbs	2. DATE OF DEC.	24, 1952
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission
sa	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		write RHPAL and gir
eff.	IN	Mercy Hospital	Baltimore, Zone 2	township
caref legibly	c.	Length of stay in Baltimore Children Days	D. STREET ADDRESS (If rural, give location)	
ld be		Female 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) If We last birthday) Mont	der 1 Year   If Under 24 Hours has Days   Hours   Min
n should clearly a	10	AA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
ion cle	H	ousekeeper for Hotel Hotel Belvedere	Unknown town in Maryland	4.S.A.
information s of death cl	13	Unknown JAWSES M. Hobbs	14. MOTHER'S MAIDEN NAME Unknown	
inform of dez	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	DRESS
of		No Unknown	Mrs. Elizabeth Vann (niece) 4115. Par	AND REAL PROPERTY OF THE PROPE
item e cau		7 20.0	OF DEATH	ONSET AND OFAT
y it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	eralized arteriosclerosis	Years
Every item write the cau		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
		ANTECEDENT CAUSES		
INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING		•••••••••••••••••••••••••••••••••••••••
J Id	ATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
UNFADING Physicians: p		(C)		
FAI sici	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON.	nonitis	1 week
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hri .	AL	19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION	YES NO
	EDICA	21a. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., c	n or 21C. WHERE DID (If in Baltimore City, giveste.) INJURY OCCUR?	e exact location)
	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	
ally		m. WHILE AT NOT WHILE ME NOT WHILE AT WORK		ALC: THE REAL PROPERTY OF THE PARTY OF THE P
TE PL especia		22. I hereby certify that I attended the deceased from Dec		
TE			rred at 1:35 pm., from the causes and on the	
WRI e is		23A. SIGNATURE arthur Klein M.O.	Mercy Hospital	23c. DATE SIGNED
age	24 TI(	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
PLEASE WRITE correct age is esp	1	sevent fee 29.1962 GREEN	MOUNT Ballo	Mo
PL	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
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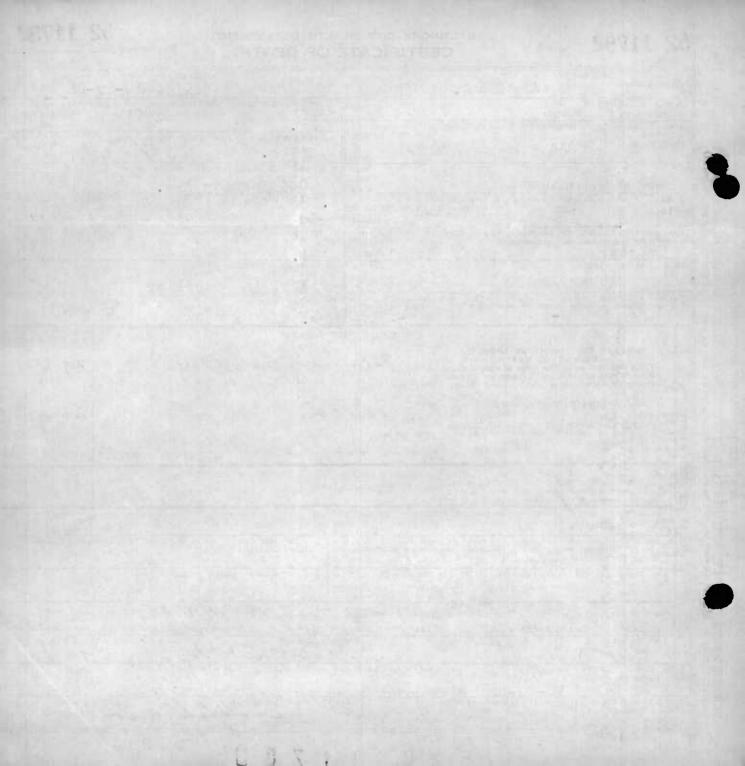
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BALTIMORE CITY HEALTH DEPARTMENT 52 11791 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ully supplied. Alverta H. Lee Hughes DEATH Dec. 17. 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 1 to City

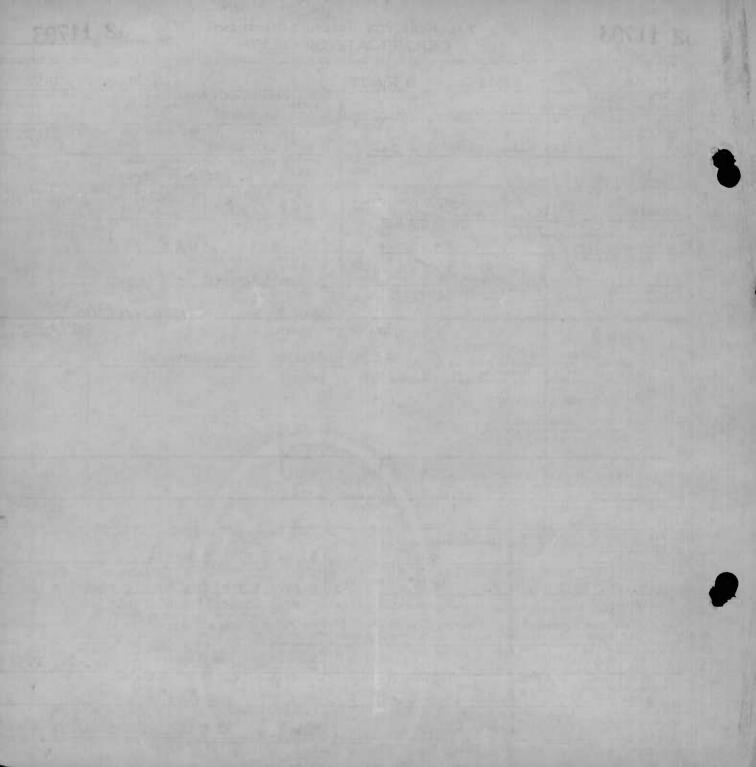
B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B/ COUNTY before admission) Maryland HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 1617 Monument Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. should be cearly and legi Mos. c. Length of stay in Baltimore Life 1617 Monument Street Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) ii Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. emale Col. Dec.22.1872 information show 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Domestic Home Baltimore II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John White Sarah J. Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes No William Lee 1617 Monument St of 18. INTERVAL BETWEEN 422.1 CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY marteriv-sclerotic cardiac LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It mcans the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ..... ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from. 190 4 that I last saw the PLEASE WRITE deceased flive of 1 10, 19 2, and that depth accepted at 130 m., from the causes and on the date stated above. ON ADDRESS 23A. SIGNATURE 23c. DATE SIGNED BAITIME MADISON レ, とり. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24B, DATE 240. LOCATION (City, town, or county) Buriel 12/21/1952 Arbutus Mem. Park arbutus Balto. Md DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR untruston VS 150

and the state of t

52 11792 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ALBERT C. WAHLE OF supplied. 12-27-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2034 Kennedy Avenue Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2034 Kennedy Ave. c. Length of stay in Baltimore Days 9. AGE (In years and it was I feet last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Tale information should of death clearly ar White ldowed 1876 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Teacher Musical(self) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Wahle Wilhelmina Schiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Nadine Rupp INTERVAL BETWEEN 18. 102 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES rsycosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY runc 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH -21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 52, 19\_, that I last saw the , 1940, to 12/27 22. I hereby certify that I attended the deceased from. PLEASE WRITE correct age is espe deceased alive on 12/20/52, 19 and that death occurred at 12:30 A.m., from the causes and on the date stated above. 23A. SIGNATURE 1deral 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Parkwood DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF MAMIE GELHARDT Dec. 27, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. legibly Mos. 37 S. Stricker Street c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If Under 1 Year 5. SEX 6, COLOR OR RACE last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) Female White pluods 1 dowe early 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 6800 ronoz wo 8 me information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME duras 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Second and third degree burns of (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED THE TO 60% of body injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. DICA (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? S. Stricker Street home 21F. HOW DID INJURY OCCUR? Burned in fire 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE apparently caused by cigarette in bed Dec. 26. especially WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above WRITE and death in my opinion resulted from: natural eauscs  $\square$ , accident X, suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ 13. 23A. SJGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER 27. Dec. MEDICAL INVESTIGATOR ... PLEASE 248 DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, GREMA. TION REMOVAL (Specify) correct Surva. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR N 945,2



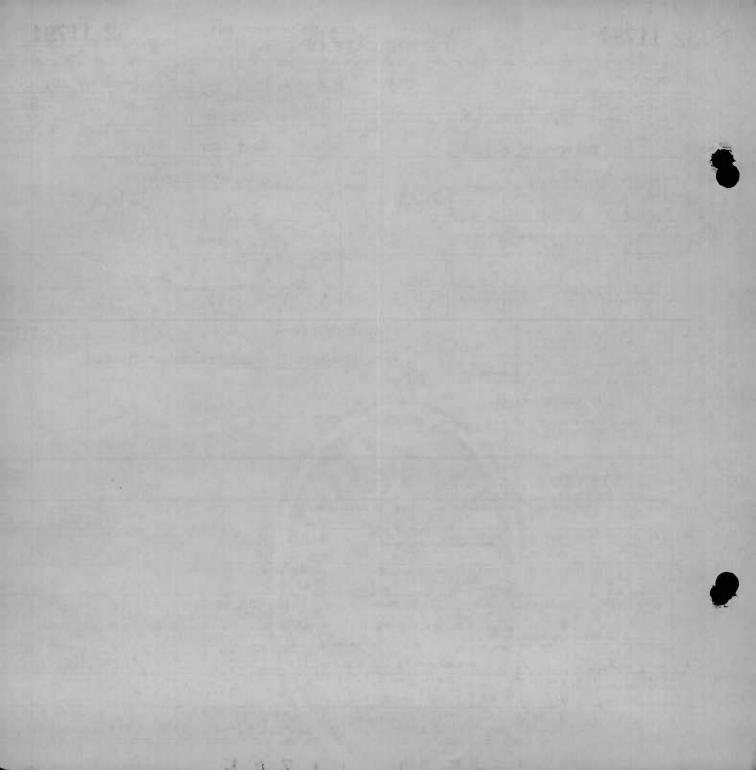
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## BALTIMORE CITY HEALTH DEPARTMENT

52 11794

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print) MAMIE	CAHL (	KAHL)		ber 26, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	nstitution : residence before admissio
	stitution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	, write RURAL and g
University Hospi	tal	Baltimore		- 0 2 cownsi
	Yrs. Mos.	D. STREET ADDRESS (If I		
c. Length of stay in Baltimore	Days			
	NGLE, MARRIED, DOWED, DIVORCED (Specify)	About-1812		Under 1 Year If Under 24 Ho ths Days Haurs M
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to		12. CITIZEN OF WHAT COUNTR
Henry Siegrist	AS CONTRACT	14. MOTHER'S MAIDEN NA	Jehuman	A SUT
15. WAS DECEASED EVER IN U. ARMED FORCE (Yes, nn or nnknnwn) (If yes, give war nr dates nf servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT Heny Siegrist	- 3.311 Rave	DRESS NWOON AV
18. 1/22,1		OF DEATH		INTERVAL BETWE
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.	(B)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT R TO THE OISEASE OR CONDITION CAUS	ELATEO			
U 19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY7
	. PLACE OF INJURY (e. g., home, farm, factory, street, nffice bldg.,		f in Baltimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE m. WORK AT WORK	21F, HOW DID INJURY	OCCUR?	
22. I certify that I took charge of		above, held an Inspecti	ion & Inquiry	thereon and fro
the evidence obtained by said and death in my opinion result	Autopsy, Inspection or .	Autopsy, I Inquiry, find that said de	nspection or Inquiry ceased died on the	day stated abo
23A. SYGNATURE	- 3/	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E 1.D. MEDICAL INVESTIGATO	XAMINER Z 230	
24A. BURIAL. CREMA- 24B. DATE TION. REMOVAL (Specify) Dec. 29-69	2 Oak Lawn. (	RY OR CREMATORY   240. LG	CATION (City, town, Co Co Ma.	or county) (State
DATE RECEIVED BY REGISTRAR'S SIGN	VATURE,	William Cook.	ne. Ba	Timme
V S 151				



Registered No. BALTIMORE CITY HEALTH DEPARTMENT AJH 158773 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Louise Thomas OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3808 Pleasant Place City 11 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours Min. WIDOWED, DIVORCED (Specify) information should of death clearly ar Female Whi te Aug 25 1878 10a. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marsh Kenny Sarah Corey 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. records ) Baltimore City Hospital causes INTERVAL BETWEEN y item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every Bronchopneumonia (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Hypertensive Cardio Renal Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 11.3.52 Transversal Ileo Colostomy mportant. YES K 218. PLACE OF INJURY (e.g., in or 2IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 6.11.52 12.26 52 22. I hereby certify that I attended the deceased from deceased alive on 12.26.52 19 . to , 19\_\_\_, that I last saw the and that death occurred at 6.15am., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 238. ADDRESS

PLEASE WRITE correct age is esp

23c. DATE SIGNED 4940 Eastern Ave 12.26.52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

er 30-452 St. Pauls

24c. NAME OF CEMETERY OR CREMATORY

Balto.Md.

township)

REGISTRAR'S SIGNATURE

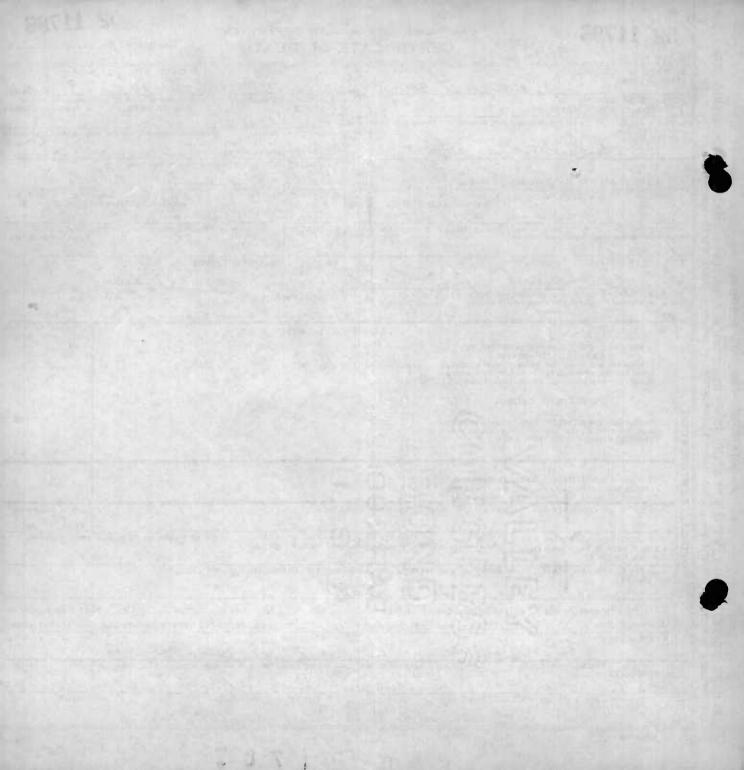
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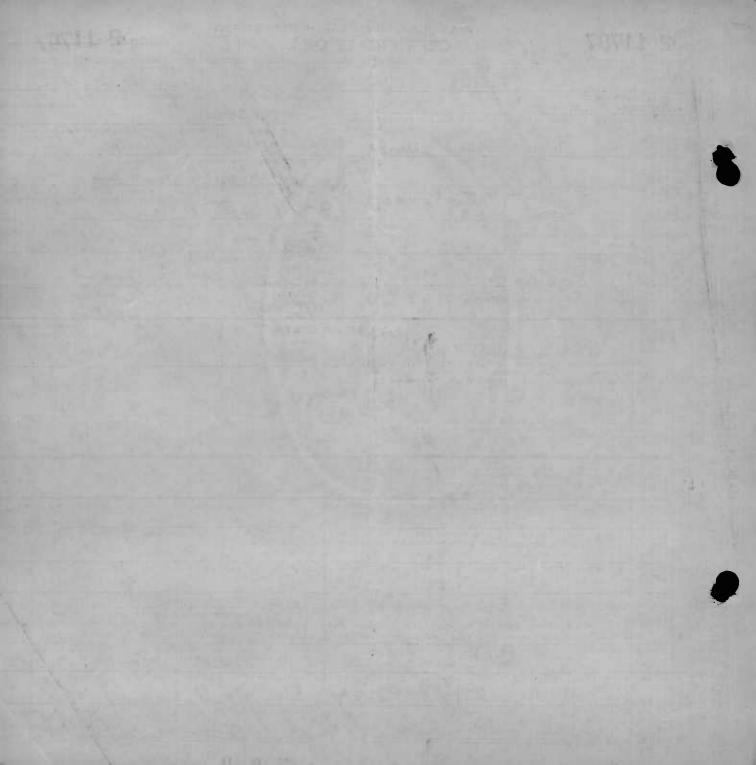
25. FUNERAL DIRECTOR

ADDRESS

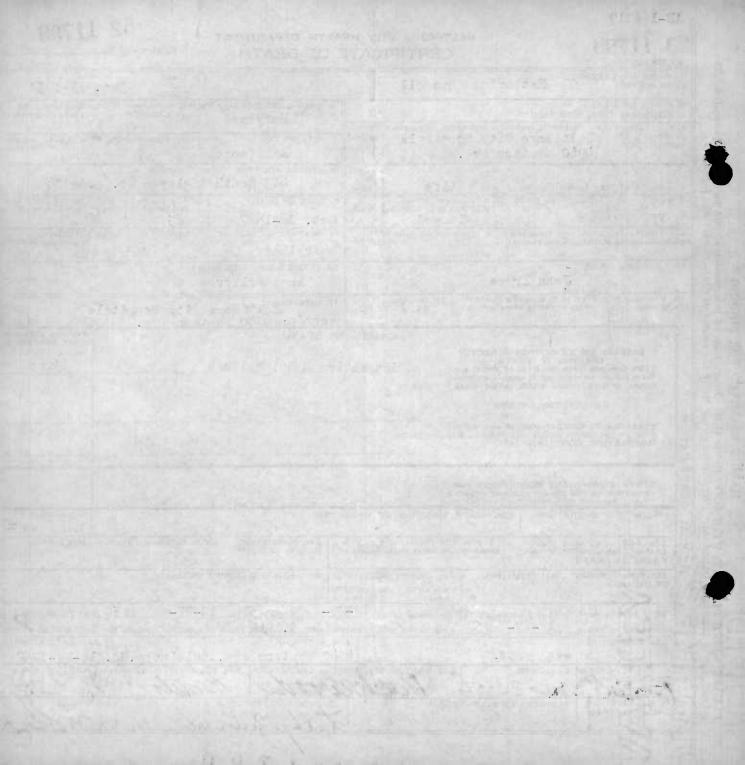
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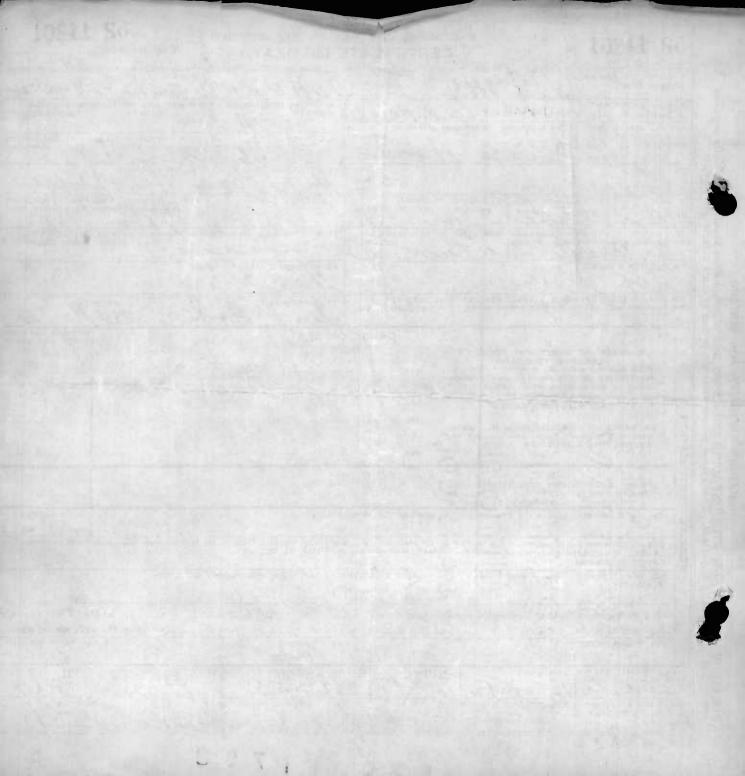


52 11799 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Katherine Russell OF Dec. 27-1952 supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 443 South Anglesea St. zone 24 c. Length of stay in Baltimore Life Days information should be of death clearly and l 6. COLOR OR RACE 5. SFX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | f Under | Year | If Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Widowed Oct. 28-1887 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bryes Anna Feller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT HOSPITALS (Yes, no or unknown) SECURITY NO causes Records: 4940 Eastern Ave. 18. 11 INTERVAL BETWEEN y item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Congestive Heart Failure 15vrs (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 12-27-. 19 52 to 12-27-\_. 19 52 that I last saw the PLEASE WRITE correct age is esp 12-27-, 1952, and that death occurred at 5.10AH, from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED Eastern Ave., Baltimore, Md. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



NDING information should be information should be death clearly and legible.		52 11800 , arth No.	BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No. 11800		
		NAME OF DECEASED 'ype or Print) SAMUEL J	. WEST		2. DATE OF December 25,52		
	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE Maryland	nere deceased lived. If institution: residence  B. COUNTY before admission)		
	H	FULL NAME OF (If not in hospital or OSTITUTION 3404 Cardenas	or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, write RURAL and give		
	-	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 3404 Cardenas Avenue			
		SEX 6. COLOR OR RACE 7	LITE Days  V. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH May 15, 1867	9. AGE (In years If Under 1 Year last birthday) Months: Days Hours Min.		
	worl	doneduring most of working life, even if retired) Painter	OB. KIND OF BUSINESS OR INDUSTRY Bldgs.	Baltimore, Md.	USA USA		
NG rmati death	1	amuel West		Mary Conner	ME		
R BINDING em of inform causes of dez	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED F e, no or unknown) (If yes, give war or detes of NO	orces? 16. SOCIAL 220-07-3251		Cardenas Advante		
Every its	IFICATION	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of of heart failure, asthenia, etc. It means Injury or complication which caus  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	dying, e. g., (A)	cardial Inf	ERTIFICATION APPROVED BY		
RGIN ADING cians: 1	FIC	11	(C)	/ 0 W	HIEF WAST MEDICAL		
MARGIN RESE UNFADING INK. Physicians: please	U	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C.	ONS CON- DIT RELATED AUSING IT.	τ σ	CHIEF W. KST. MEDICAL ENAMINER.		
MARGIN H UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DISEASE OF CONDITION C.  19A. DATE OF OPERATION 19B	ONS CON- DIT RELATED AUSING IT.  . MAJOR FINDINGS OF OPER		20. AUTOPSY? YES NO		
MARGIN I.Y, WITH UNFADING important. Physicians:	AL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION C.  19A. DATE OF OPERATION 19B  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (H	ONS CON- DI RELATED AUSING IT.  . MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i bout home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (If	20. AUTOPSY? YES NO In Baltimore City, give exact location)		
MARGIN Y, WITH UNFADING IV, important. Physicians:	DICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE DISEASE OF CONDITION C.  19A. DATE OF OPERATION 19B  21A. ACCIDENT WAS UNDER-LYING OF CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (HOPE CAUSE)	ONS CON- DT RELATED AUSING IT.  MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i bout home, farm, factory, street, office bldg., c  Your)  21E. INJURY OCCURR  WHILE AT WORK  AT WORK	ED 21F. HOW DID INJURY	in Baltimore City, give exact location)  OCCUR?		
MARGIN H UNFADING Physicians:	MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C.  19A. DATE OF OPERATION 19B  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (FOR INJURY)  22. I hereby certify that I attention	ONS CON- DIT RELATED AUSING IT.  . MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i bout home, farm, factory, street, office bidg., four)  21E. INJURY OCCURR  WHILE AT NOWWHILE AT WORK  added the decease from 19, and the death of the 24C. NAME OF CEMETE	21c. WHERE DID (If INJURY OCCUR?  ED 21f. HOW DID INJURY  , 19, to  ded at	20. AUTOPSY? YES NO In Baltimore City, give exact location)		

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The	3	2 11801 BALTIMORE CITY HE CERTIFICATI	73 1 4 1 22	11801				
lo sarefully supplied.	(T	NAME OF DECEASED HYMRN I	BOBER 2. DATE OF DEATH /2-	28-52				
	В.	PLACE OF DEATH: Baltimore City, Maryland 4613 Park Neight FULL NAME OF (If not in hispital or institution, give street puress or	A. STATE  B. COUNTY  B. COUNTY	before admission				
		OSPITAL OR ME STITUTION HOUSE HOUSE	c. CITY of TOWN (If outside corporate limits,	te RURAL and give				
		Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give logation)  4613 Park Heigh	to Clase				
	70	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. (MODOWED, DIVORCED (Specify)	last birthday) Month	der I Year If Under 24 Hours hs Days Hours Min.				
on shoul	Worl	DA. USUAL OCCUPATION (Givekindof k deneduring makes working life liven if retired)  108. WORD OF BUSINESS OR INDUSTRY	Russia	2. CITIZEN OF WHAT COUNTRY				
NDING information s of death cle	13. FATHER'S NAME  10. 14. METHER'S MAIDEN NAME  10. 14. METHER'S MAIDEN NAME							
BINDIN of infor	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY. NO.	Dens. Rober -3824	Horfell				
R can		18. 450.0 1 CAUSE		ONSEL AND DEATH				
社会		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	erabyed arknosclaros	8 glis				
RESERVED INK. Every please write		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  Generally of Cuflind Sclowers  (A)  Generally of Cuflind Sclowers  (A)  Surplead anti-  Purplead anti-  Purple						
RESE INK.	NO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	I					
	CERTIFICAT	UNDERLYING CONDITION LAST.						
MARGIN UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
量.	L'	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
LY, WITH important.	(EDIC)	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c						
AINLY,	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT NOT WHILE AT WORK						
SI SI	22. I hereby certify that I attended the deceased from Petr, 1948, to Dec 28, 1952							
		deceased alive on Dec 17, 1952, and that death occur 23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED				
E W	2	BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE	2 4 2 6 Tufu / (City, town, or	(2/23/) 2 county) (State)				
PLEASE WRI	TI	Miller 12-29-Nr Mishkue	Israel Balty	, and				
PLE	B	ocal registrar Huntington Williams M.	LOCK LEWIS ME 2100 GE	itan Pl				
		vs 156702	9964792					

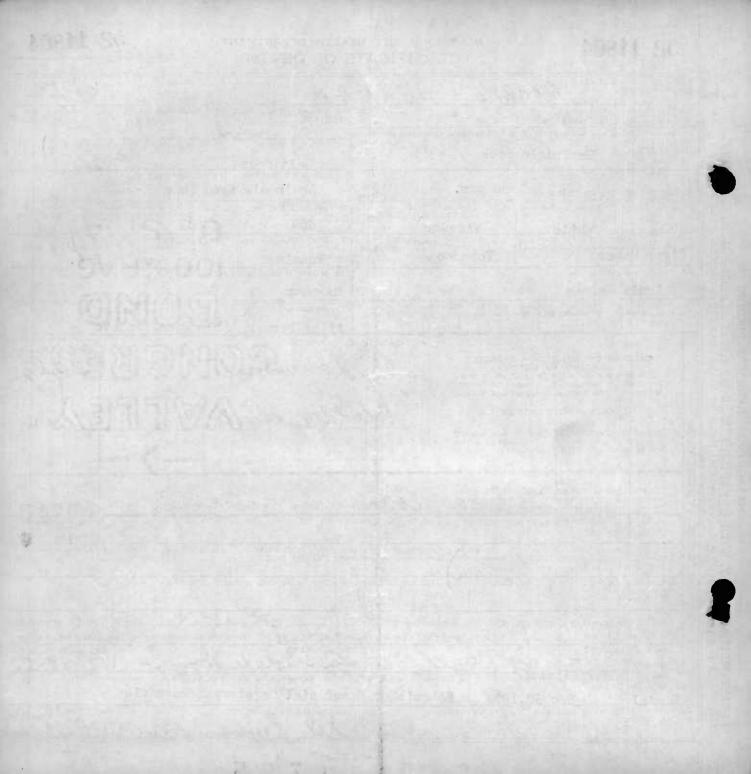


CARLES AND ALEXANDER STATE DESCRIPTIONS STAND TO THOUSE

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52 BIRTH N	11804		EALTH DEPARTMENT E OF DEATH	52 Registered No	2 11804	
1. NAME (Type or	OF DECEASED MOR	RIS BERM	AN	OF DEATH 12 - 2	28-52	
	OF DEATH: nore City, Maryland		4. USUAL RESIDENCE (W)	nere deceased lived. If in B. COUNTY	stitution : residence before admission)	
B. FULL HOSPITA INSTITU	L OR	tal or institution, give street address or location) Home		outside corporate limits,	write RURAL and give township)	
c. Lengt	th of stay in Baltimore	50 yrs. Yrs. Mos. Days	D. STREET ADDRESS (If re Levibdale Age			
5. SEX		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	1869		nder I Year ths Days Hours Min.	
Cigar	AL OCCUPATION (Givekind of ing most of working life, even if retired)  Maker	Tobacco	11. BIRTHPLACE (State or for Russia	eign country) 1	2. CITIZEN OF WHAT COUNTRY: USA:	
	ER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	ouis Berman DECEASED EVER IN U.S. ARME	D FORCES?   16. SOCIAL	Unknown			
(Yes, no or u	aknown) (If yes, give war or date	se of service) SECURITY NO.	Allen Berman 410		DRESS ·	
Ne inj	LEADING TO DEA his does not mean the model art failure, asthenia, etc. It mes ury or complication which  ANTECEDENT CAUS SEASES OR CONDITIONS, 1 is TO THE ABOVE CAUSE (A) IDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	dder calculi		years	
LL TR	HER SIGNIFICANT CONDI IBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATED	eary reler	osis	years	
19A. I	DATE OF OPERATION	19B, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7	
Q LYIN	ACCIDENT WAS UNDER. IG OR CONTRIBUTING SE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		in Baltimore City, giv	7	
	TIME (Month) (Day) (Year NJURY	) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?		
	hereby certify that I at ased alive on 12-28	tended the deceased from 8	- 1, 1978 to 12	-28, 1952, e causes and on the	that I last saw the	
7	SIGNATURE Heury	nagel M.D.	Sevendale )	tome	23c. DATE SIGNED 12-28-52	
TION, REN	RIAL, CREMA- loval (Specify)  Dec 30,		eneficial Cenetery	Rosedale	r county) (State)	
DATE R		S SIGNATURE	25 SUNERAL DIRECTOR	·D. · 1	ADDRESS   124 C	

23c. DATE SIGNED 12-28-52 wn, or county)



## BALTIMORE CITY HEALTH DEPARTMENT

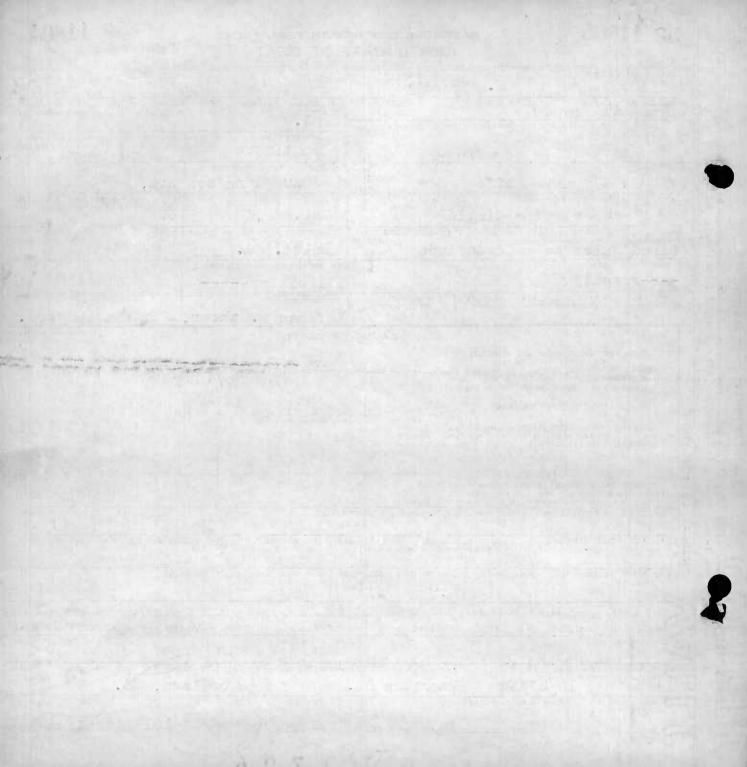
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	FC 2.44,161			CERTIFICA	TE	OF DEATH	4	Registere	d No.	
	RTH NO.									
	NAME OF DECEASED ype or Print) HAY	PRY I	H. F1	reedly				OF DO	ecen	952 27
Α.	PLACE OF DEATH: Baltimore City, Mary				A	USUAL RESIDE	NCE (Where	leceased lived B. COUNTY		tution ; residence before admission)
H	SPITAL OR DI	crest		ion, give street addres locati	5 02	CITY OR TOWN	(If outsid	e corporate l	irnits ver	ite RURAL and give
IN	2111011014	SANAT		Ма		Bal timor	re	16-	0 5	township
-		SHMAI	711114		rs. D	STREET ADDRE		give location	1	<u>'</u>
6	Length of stay in Bal	ltimore L:	ife	M	os.	4020 Edn	nondson	Ave.		
5.	SEX 6.COLOR	OR RACE !	7. SINGLE	. MARRIED.	18	DATE OF BIRTH	19 A	GF (In year	If Under	1 Year   If Under 24 Hours
1	TALE WHI	1	-	ED, DIVORCED (Spe		Oct. 28,1	LOGG	03	Months	Days Hours Min.
work	A. USUAL OCCUPATION done during most of working life, e	(Give kind of even if retired)	10B. KIND	OF BUSINESS OF		I. BIRTHPLACE (S		country)	12.	CITIZEN OF WHAT COUNTRY?
Re	tired Salesma	an :	Insur	ance		Balto. Mo	L.			
	. FATHER'S NAME			M-84 - 1	14	4. MOTHER'S MAI	IDEN NAME			
	Freedly				W	ilhelmina				
15 (Yes	. WAS DECEASED EVER IN , no or unknown) (if yes, giv	U. S. ARMED I	FORCES?	16. SOCIAL SECURITY NO	17	7. INFORMANT			ADDR	ESS
(	,		,	SECORITI IV	01	arence R.	Mahrer.	25 23	Har	lem Ave.
H	18. 160×	1		CAUS	E OF	DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CO LEADING	1101	=OAF	Ric1	7		2			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					FROF			. =	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						SINU	2		
_	ANTECED	ENT CAUSE	s	(	P	LASMAC	YTOM	A		
0	DISEASES OR COND			1G					*** 11 11 11 11	
CERTIFICATION	UNDERLYING CON			HE DUE TO						
Ē		11		(C)						
RT	OTHER SIGNIFICAL		IONS cor	N •						
E	TRIBUTING TO THE D				**********					
	19A. DATE OF OPERAT			FINDINGS OF O	PERAT	ION		SIN		20. AUTOPSY?
A			PIAS	MACYTO		OF RIG		-		YES NO
MEDICAL	21A. ACCIDENT, SUICI HOMICIDE (Specify)	DE.	21B. PLA about home,	ACE OF INJURY (e. farm, factory, street, office b	g., in or ldg.,etc.)	INJURY OCCUP		Baltimore Ci	ty, give	exact location)
Σ	210. TIME (Month) (I	Day) (Year) (	Hour)	21E. INJURY OCCL	IRRED	21F. HOW DID	INJURY OCC	UR7	-	
	OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK									
5	22. I hereby certify	that I atte	nded the	deceased from	ece	mber 20, 1952	to Dece	mber271	952, th	at I last saw the
	22. I hereby certify that I attended the deceased from December 20, 1952, to December 27, 1952, that I last saw the deceased alive on December 27, 1952, and that death occurred at 815P m., from the causes and on the date stated above.									
	23A. SIGNATURE	20.1	3001	10.1	23B	ADDRESS			1 2	3c. DATE SIGNED
2	AA. BURIAL, CREMA- 24	4B. DATE	0000	24c. NAME OF CEM						
TI	N. REMOVAL (Specify)	2/31/52		Lorraine E	k.		Woodla			17/18/60
D	ATE RECEIVED BY RE	EGISTRAR'S	SIGNAT	JRE	2	5. FUNERAL DIR	EGTOR //		AL	DRESS

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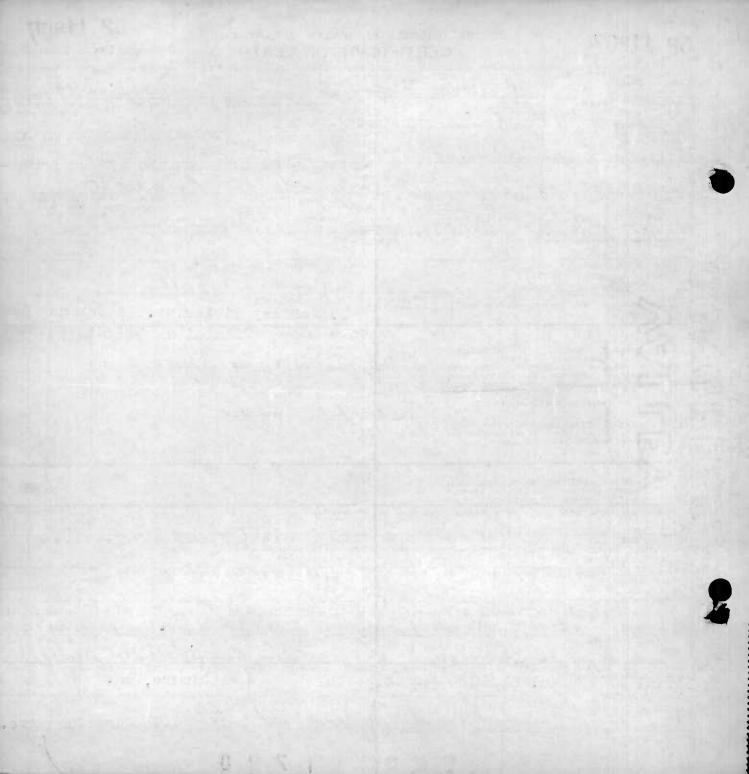
before admission)

WHAT COUNTR merica

20. AUTOPSY

23c. DATE SIGNED

VES



V S 151

If Under 24 Hours

12. CITIZEN OF

DDRESS

WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY?

ADDRESS

Registered No before admission) B. COUNTY (If outside corporate limits, write RURAL and give township) AGE (In years A Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS 120 DEMISON 20. AUTOPSY (If in Baltimore City, give exact location)

DDRESS

23c. DATE SIGNED 12/26

Section of the sectio

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causes

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UNFADING Physicians:

PLEASE WRITE

## BALTIMORE CITY HEALTH DEPARTMENT

Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Goldie E. Brown DEATH December 26, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Township) Baltimore 3802 Falls Road Yrs. D. STREET ADDRESS (If rural, give location) Mos. 10 years 3802 Falls Road c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female White Sept. 4, 1903 10A. USUAL OCCUPATION (Give kied of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard Peregoy Grace Mays 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or delee of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) SECURITY NO. James H. Brown 3802 Falls Road Balto. Md. INTERVAL BETWEEN 18. 200.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ssarcoma (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK , 1931, to wee 26, 19 57 that I last saw the 22. I hereby certify that I attended the deceased from Sace deceased alive on 196, 19 Sand that death occurred at 3:272 m., from the causes and on the date stated above. 23A/SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Bur al Dec. 1952 Lorraine Park Cemetery Baltimore Co., Maryland

25. FUNERAL DIRECTOR

Funeral

Burgee

LOCAL REGISTRAR

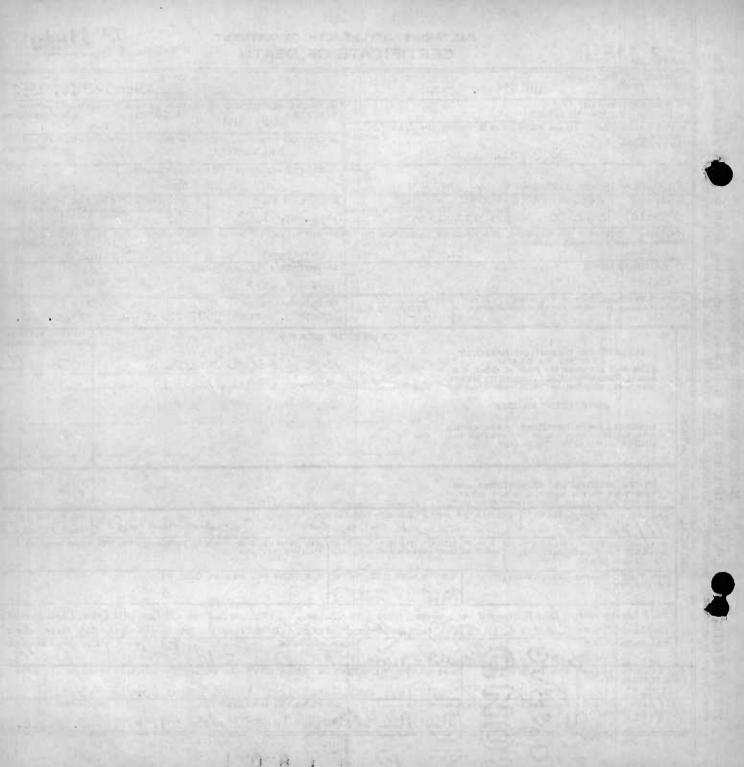
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

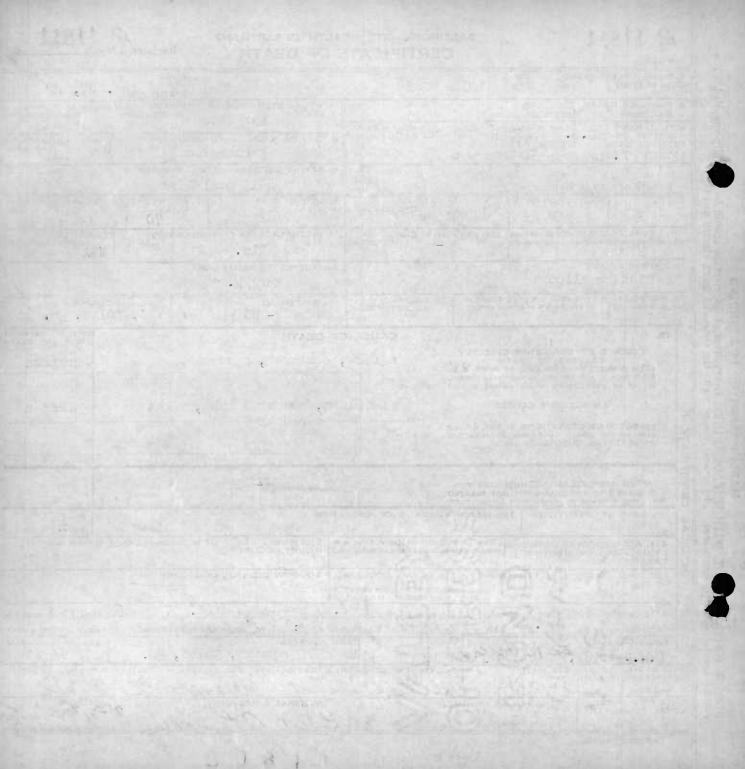
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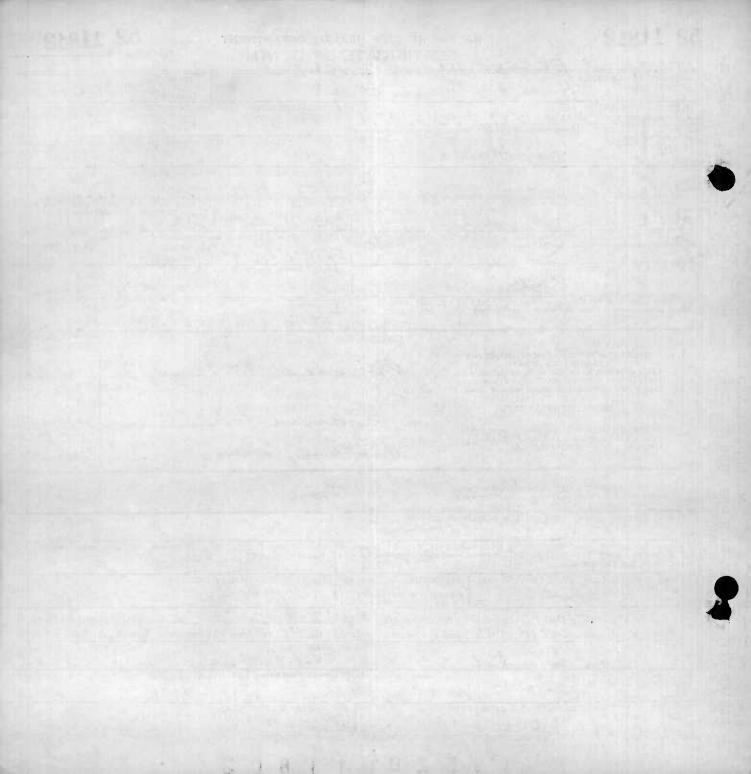
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Home/3631 Falls/Rd. Balto.

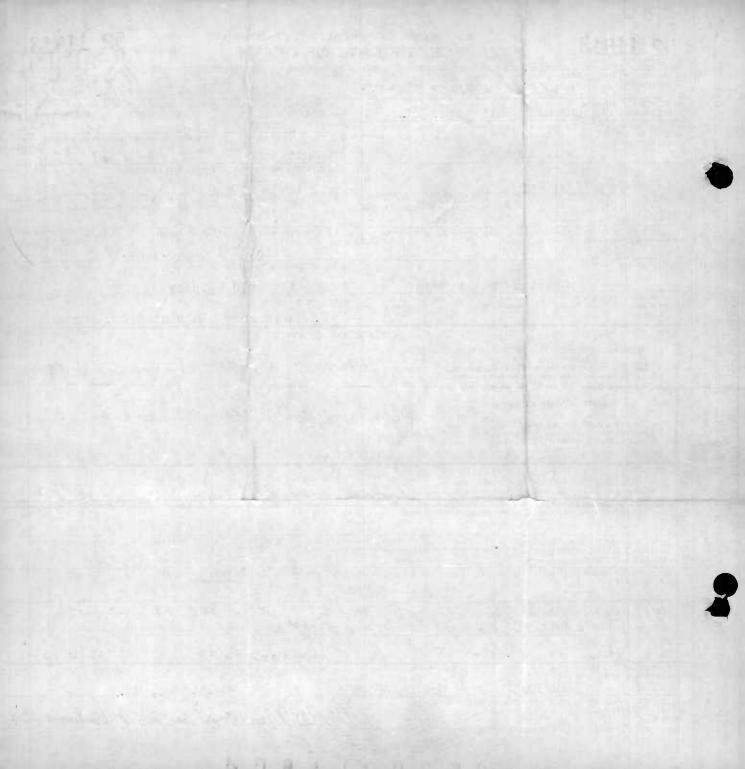


52 11811 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ELMINA WOOD Dec. 27, 1952 fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF Uf not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give Kensing ton wyman Pk. Drive & 31st street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4513 Saul Road c. Length of stay in Baltimore Days information should be of death clearly and l 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 9/19/82 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work dane during most of working life, even if retired) INDUSTRY None Wis. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Allen Mary H. ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn nr unknnwn) (If yes, give war or dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records - US PHS Hospital, Balto, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Edema, cerebral, severe LEADING TO DEATH IInknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Neoplasm, temporal lobe, right IInknown (B) .....eerebra.]... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-回 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in pr 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT 152 to Dec. 27 , 1952, that I last saw the Dec. 6 22. I hereby certify that I attended the deceased from Dec. 0, 192, to Dec. 27, 1952, that I last saw the deceased alive on 1952, and that death occurred at 8:32P m., from the causes and on the date stated above. PLEASE WRIT 23A. SIGNATURE 23C. DATE SIGNED US PHS Hospital, Balto, Md. D.W. Patrick Medical in Charge 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county (Zlamesa) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR unturglow EC 2 0 10E 150



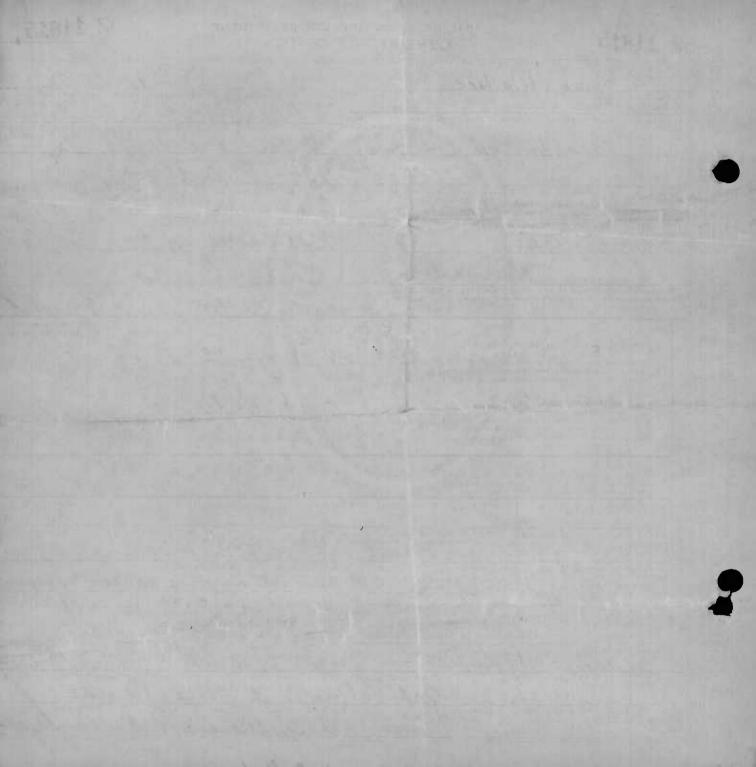


The K	В	52 118	313		ВА				TH DEPARTM		Regist	ered No	11813
lly supplied.		NAME OF D ype or Print)	Property of the Parks	ICHARD	Con	TEE	Rose	-			2. DATE OF DEATH	12/28	8/52
	B. H	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.  B. FULL NAME OF HOSPITAL OR INSTITUTION  301 Oakdale Road					a or	USUAL RESIDE STATE Maryland CITY OR TOWN Baltimore		here deceased li B. COUN	1TY	stitution : residence before admission) write RURAL and give township)	
19	с.	c. Length of stay in Baltimore 50 Yrs. Days						s.	D. STREET ADDRESS (If rural, give location)  301 Oakdale Road				
uld be	5.	sex Male	6. COLOR OR RACE   7. SINGLE		E. MARRIED. /ED, DIVORCED (Specify)		8.	DATE OF BIRTH		9. AGE (In yo	cars if Un ay) Mont	der I Year hs Days Hours Min.	
on sho	wor]	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Lawyer			108. KIND OF BUSINESS OR INDUSTRY		RY	Nye Mills,				2. CITIZEN OF WHAT COUNTRY?	
ADING information should be		13. FATHER'S NAME Charles Wright Rose					14	14. MOTHER'S MAIDEN NAME Odelia Bowie Shipley					
OR BINDING cem of inform causes of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.						17	17. INFORMANT ADDRESS C. Bowie Rose Lake Station, Ruxton					
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	(This does heart failu injury or DISEASE:	not me re, asthe complie ANTEC	CONDITION ING TO DEAT the mode ornin, etc. It means eation which control conditions, is to conditionally condition (A)	'H f dying, e. ns the discas aused deatl ES ANY, GIVII STATING TI	se, h.) DUE	а) <u>Со</u>	RON	DEATH  ARY III				I HOUR
MA UNF/ Physic	MEDICAL CERT	TRIBUTING TO THE D	TO TH	CANT CONDITE DEATH, BUT I	CAUSING	ED IT			hial as	7/ Lon	_		2 Yes
LY, WITH important.		CAUSE OF DEATH						City, give	20. AUTOPSY? YES NO E exact location)				
Gially i		OF INJURY			m.	WHILE AT WORK	NOT WHI	LE	21F. HOW DID				
PLEASE WRITE		deceased a	rune)	fy that I atto DEC 28	, 1952.	and tha	t death occ	23B.	at 330 a.m., at 330 a.m., ADDRESS LONGWOOD OR CREMATORY	from the	e causes and	on the	that I last saw the date stated above.  23c. DATE SIGNED  2/29/52  county) (State)
PLEASE W	Burial 12/30/52 New Cathedral Date received by registrar's signature						al	FUNERAL DIRE	Bal	timore,	Md.	DDRESS Sy	
		VS 150		There	)	V. 145.t	0.5	58	()	~ Z	7000	1710	

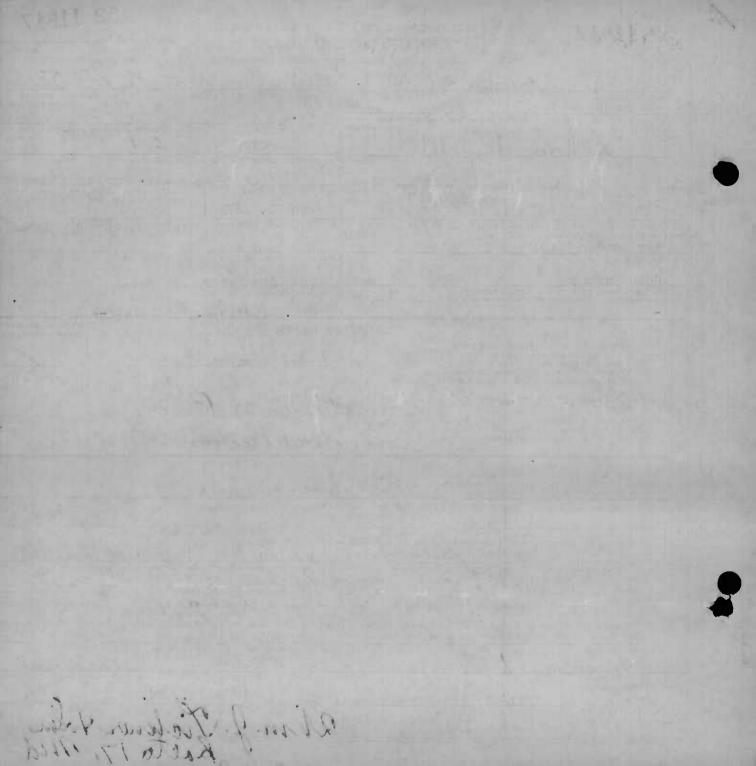


52 11814 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATHORE, 121. ully supplied. 3. PLACE OF DEATH? A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION . O. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Wals. Days should be 6. COLOR OR RACE MARKED, (ln years If Under 3 Year If Under 24 Hours SINGLE Months Days Hours Min. birthday) USUAL OCCUPATION (Give kind of BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF during most of working life, even if retired) NDUSTRY WHAT COUNTR information death 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO INTERVAL BETWEEN 18. 44 3 X CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO 11 OTHER SIGNIFICANT CONDITIONS CON-딟 TRIBUTING TO THE OEATH, BUT NOT RELATED Ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or EDI HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from / 2 - 8 - , 1952, to /2 - 2 1 - , 1952, that I last saw the deceased alive on 12 -21, 19 52 and that death occurred at 7.43 A m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 2.27-5 DATE RECEIVED BY LOCAL REGISTRAR VS 150

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	NAME OF DEC		ired Dixon	•	2,DATE OF December 2							
3	. PLACE OF DEA . Baltimore Cit	TH:		4. USUAL RESIDENCE (W		itution : re						
B. H !!	FULL NAME OF	(If not in hospite	al or institution, give street address location	or Manyland	Ballmere outside corperate limits, v							
o the	Length of stay	in Baltimore	Yr: Mo Da	ADTREET ADDRESS (If I	DOTREET ADDRESS (If rural, give location)							
5		White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years lt Under last birthday) Months	Days H						
To wor	house		10B. KIND OF BUSINESS OR INDUST	maryland		WHAT						
la la	3. FATHER'S NA	nthony B	ebring	Regina M. Spies	,							
1 (Y		EVER IN U.S. ARMED (If yes, give war or dates		17 INFORMANT	ADDE							
- Lauses	18. 33/ Y	and 26	OX CAUS	E OF DEATH		INTERVAL						
TION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING											
	RISE TO THE	ABOVE CAUSE (A)	STATING THE DUE TO									
RTIFI	TRIBUTING T	II  NIFICANT CONDI  O THE DEATH, BUT  ASE OR CONDITION	TIONS CON- NOT RELATED Dishete	c mellitus, thy	rotoxicosis							
CEF	19A. DATE OF		B. MAJOR FINDINGS OF OF	PERATION	FIFT DANS THE	20. AU						
CE			21B. PLACE OF INJURY (e. about home, farm, factory, etreet, office blo		in Baltimore City, give	exact loc						
1 .	21A. ACCIDENT	Specify)	about normal, rat in, racous 3, sortes, orace bro	Ig.,etc.) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK						
MEDICAL	HOMICIDE		(Hour) 21E. INJURY OCCUI	RRED 21F. HOW DID INJURY	OCCUR?							
1 .	21D. TIME (Mo OF INJURY	onth) (Day) (Year)	(Hour) 21E. INJURY OCCUI	RRED 21F. HOW DID INJURY	× 27 .195211	hat I las late stat						

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MANAGER OF BELLEVILLE CONTROL OF THE STREET 

LY, WITH UNFADING INK. Every item of information should be kully supplied. The

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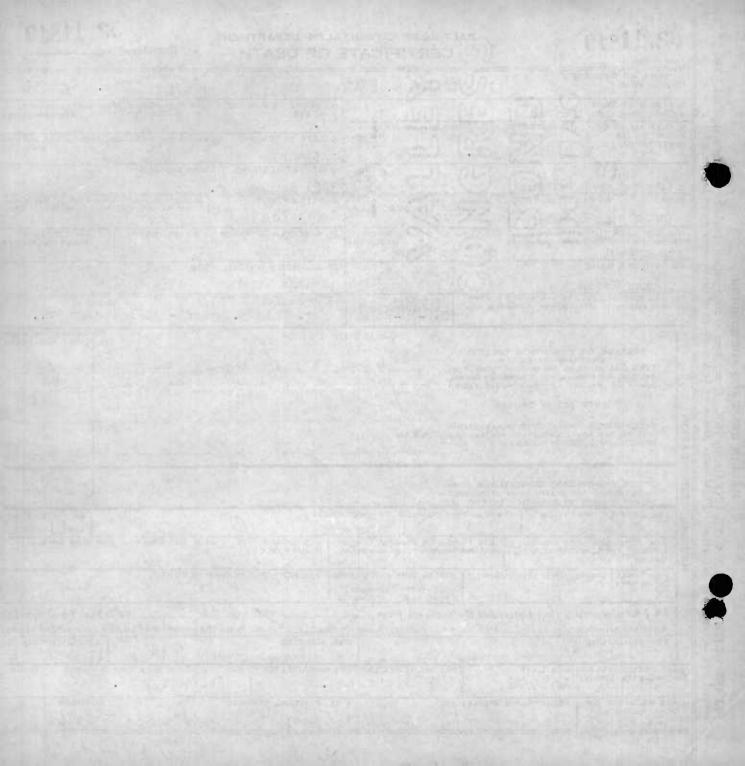
VS 150

MARGIN RESERVED FOR BINDING

52 11040

52 11819			r TTGTA					
BIRTH NO.	CERTIFICAT	E OF DEATH Registered N	0					
1. NAME OF DECEASED (Type or Print)	DALLAS H. HEAT	RN 2. DATE OF DEC	26, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If i	institution : residence before admission)					
HOSPITAL OR	tal or institution, give street address o location		wwiff DUDAL and also					
institution 3021 Harler	m Ave.	Baltimore / 1-1	township					
	Yrs.	D. STREET ADDRESS (If rural, giv. location)						
c. Length of stay in Baltimore	Mos. Days	3021 Harlem Ave.						
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Married		Under 1 Year If Under 24 Hours nths Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF					
accountant	self employed	Maryland WHAT COUNTRY						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Thomas Hearn		Eliza Hearn	Eliza Hearn					
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES?  16. SOCIAL  SECURITY NO.  218-10-9229	17. INFORMANT Mrs. Lula B. Hearn - 3021 Ha	odress arlem Ave.					
(This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of the mean of t	OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?					
AL O			YES NO					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, g etc.) INJURY OCCUR?	ive exact location)					
21D. TIME (Month) (Day) (Year OF INJURY	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT   NOT WHILE   AT WORK   AT WORK							
22. I hereby certify that I attended the deceased from 4 Qua, 1957 to 26 Dec, 1952 that I deceased alive on 25 Dec, 1952, and that death occurred at 42 Am., from the causes and on the date s								
	uning fr M.D.	601 Winaus Way (4)	27 Dec 52					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 12/30/50	2 Parson's	Cem. Salisbury, Md.	or county) (State)					
DATE RECEIVED BY REGISTRAR	'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS					

00981



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 28, 1952 MARGARET E. PEREGOY fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION 1542 N. Washington St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1512 N. Washington St.

3. AGE (In years | If Under 1 Year | If Under 24 Hours | Min. | Days | Hours | Min. c. Length of stay in Baltimore Davs information should be 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) July 18, 1921 female white married 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY machine Operator Cake Baking Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Gilman Roberta E. Rathel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. -20-7712 Mr. Robert L. Peregoy - 1542 N. Washington causes Jo 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 13 M 4/ 1952, to 28 . 19 St that I last saw the Utr. PLEASE WRITE deceased alive on 46 Va , 19 6 and that death occurred at 3 m., from the causes and on the date stated above. 23A. SISHATURE 23B. ADDRESS 23c. PATE SIGNED budary Dr & muly 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Woodlawn Cem. Woodlawn, Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

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before admission)

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township)

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## BALTIMORE CITY HEALTH DEPARTMENT

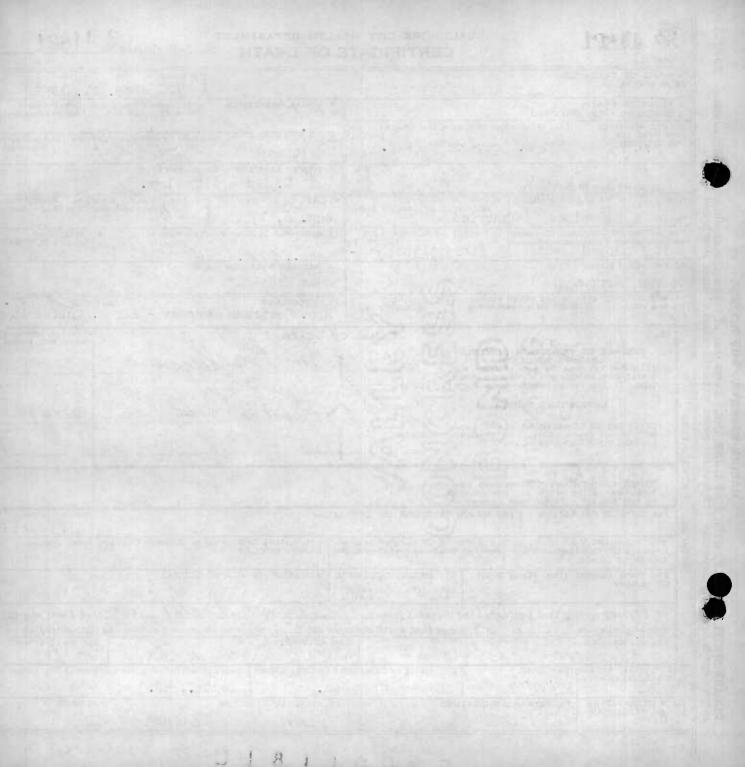
The	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.					
	1. NAME OF DECEASED (Type or Print)	2. DATE OF Dec. 07, 2000					
ppliec	HORACE EDWARD BURROWS  3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)					
should be fully supplied early and les y.	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  110 W. University Pkwy.						
	Yrs.  C. Length of stay in Baltimore  Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)  110 W. University Pkwy.					
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) male white married	8. DATE OF BIRTH 9. AGE (In years) If Under   Year   If Under 24 Hours					
information shous of death clearly	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Self Employed  Advertising Pub-	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  WASh. D. C.					
rmatic	George Burrows	14. MOTHER'S MAIDEN NAME Anna Benz					
f infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT ADDRESS PKWY. Mrs. Gertrude Burrows - 110 W. University					
UNFADING INK. Every item of i Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH ONARY OCCUSSION  Derteases Carlos Voscular Sisters					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?					
LY, WITH	21a. ACCIDENT WAS UNDER-   21b. PLACE OF INJURY (o. g., i	in of 21c. WHERE DID (If in Baltimore City, give exact location)					
WRITE LY,	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR OF INJURY  m. WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from 195, to 195, that I last saw the deceased aline on 195, that I last saw the deceased aline on 195, that I last saw the deceased aline on the date stated above 1938. SIGNATURE 1938. ADDRESS 1938. ADDRESS 1938. DATE SIGNET						
LEASE W	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial  24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMETE 24D. DATE RECEIVED BY REGISTRAR'S SIGNATURE						

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PLEASE WRITE LY, WITH correct age is especially important.

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10	1	350		11000
- E	2	11822 BALTIMORE CITY HE CERTIFICATE		11822
1. The	1.	NAME OF DECEASED Bernard, Chest	2. DATE OF OF	25 1953
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	citution: residence before admission)
ully su	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If outside corporate pinits, w	The RURAL and give township)
y.	5	HA Hospital Lock Parin Block Yrs.	D. STREET ADDRESS (If rural, give location)	) Continuity)
be c	_	Length of stay in Baltimore 25 Un. Mos. Days  SEX   6.COLOR OR RACE   7. SINGLE MARRIED.	A. DATE OF BIRTH 9. AGE (In years) If light	Year I II Under 24 Hoers
ld	10	males Caloud Sunger (Specify)	July 23 18 % last birthday) Month	
a		DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY
information of death cl	13	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
of inforuses of d	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDI	RESS
	8	18. 490 X CAUSE C	OF DEATH	INTERVAL BETWEEN
e ii C		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Bar Pneumonia left	12-22-52
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
KESEK INK. please	CAL CERTIFICATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING	<u> </u>	
NG I		RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
MAKGIN UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CON-		
UNF		TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA		YES NO
Y, WITH	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	a or 21c. WHERE DID (If in Baltimore City, give injury occur?	exact location)
Tr. Pr.	-	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE OF INJURY NOT WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?	
re i		22. I hereby certify that I attended the deceased from		hat I last saw the
WRITE e is est		deceased alive on 2-25-, 1952, and that death occur 23A. SIGNATURE		date stated above
age	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
PLEASE W	6	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
PI	L(	DEC 20 1000 Huntington Williams M.D.	Mrs Fifeet a. Elleste	Deuglete
		vs 150	11 120 X 3 a line	

5/3/34 128 X Dan line St

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH GRO7938 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate waite RURAL and give 3305 ails a INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 41154 305 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year information should be of death clearly and 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. MGYYIRD 10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? TINGTELAI 13. FATHER'S NAME FIN. JEA. יור הנל 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service) 6. SOCIAL SECURITY NO 42011 CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: ] UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 12/36 1952 to 12 /27/ , 1952 that I last saw the deceased alive on 12/26, 1952 and that death occurred at 6 m., from the causes and on the date stated above. 23A. SIGNATURE \$100 ord 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

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DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS VS 150

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DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS ADDRESS

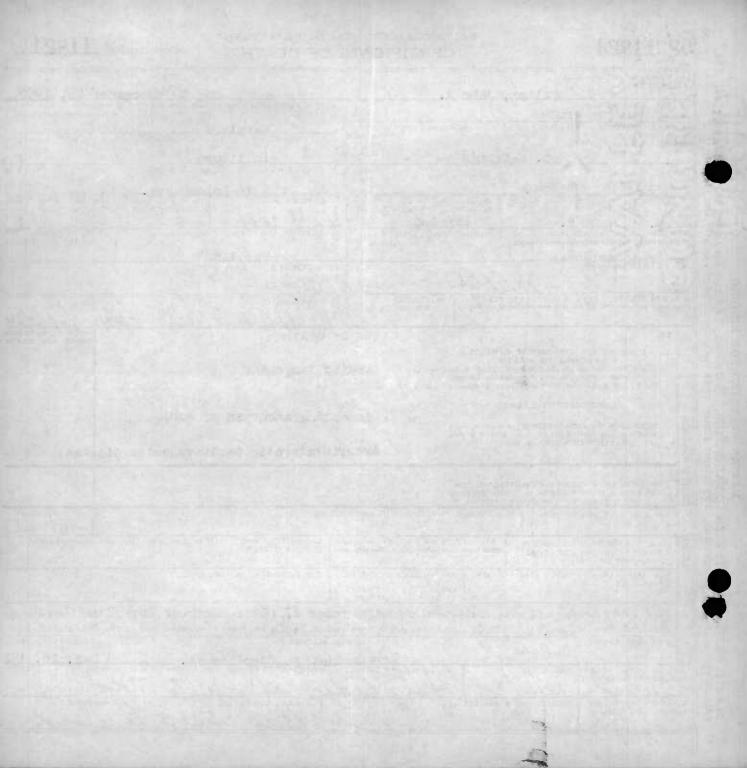
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The	52	H36 2 11824 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT  E OF DEATH  Registered Ro.	11824				
	1. (T	NAME OF DECEASED (Type or Print)  Walter, John W.	2. DATE OF DEATH December 28. 1952					
ully supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	titution : residence before admission				
ins	В.	FULL NAME OF (If not in hospital or institution, give street address or						
. Illy	340	DECITORICA	c. CITY OR TOWN (If outside comporate limits in	township				
ld be cand leg	14	St. Joseph's	D. STREET ADDRESS (If rural, give location)					
	c.	Length of stay in Baltimore Mos.  Days	5316 Holder Ave.					
	5.	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.   WIDOWED, DIVORCED (Specify)   Married	8. DATE OF BIRTH   9. AGE (In years) If Und	er 1 Year If Under 24 Hours S Days Hours Min.				
n shou clearly	10 work	DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR Konneduring most of working life, even if retired)	11. B RTHPLACE (State or foreign country)   12	CITIZEN OF				
FOR BINDING y item of information the causes of death cle		Bread salesman	Maryland	MIAI COUNTRI				
	13	BAKERY SNAME	14. MOTHER'S MAIDEN NAME					
	14	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Margaria.					
	Vik o	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO.	mis alice Walter -531	RESS // I das				
	1	18. 4221 CAUSE	OF DEATH	INTERVAL BETWEEN				
		DISEASE OR CONDITION DIRECTLY	OI DEATH	ONSET AND DEATH				
		(This does not mean the mode of dying, e.g., (A)						
Ever write		heart fullure, usthenia, etc. It means the discase, injury or complication which caused death.) DUE TO						
02		ANTECEDENT CAUSES						
RESEI INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	ecting aneurysm of aorta					
E L	MOIT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
IIN INS:	AL CERTIFICA	(c) <b>Art</b> e	riosclerotic Cardiovascular dis	ea <b>s</b> e				
MARGIN UNFADING Physicians:		II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
		19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
Y, WITH		$\nu$		YES NO				
	MEDIC	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., cause of Death		exact location)				
	2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?					
		m. WHILE AT NOT WHILE M. WORK AT WORK						
		22. I hereby certify that I attended the deceased from December 27, 152, to December 281952, that						
TE		deceased alive on Dec. 28, 1952, and that death occur	rred at 2:30am., from the causes and on the	date stated above				
TRI7		Carles Jonest		23c. DATE SIGNED				
T M		M. D.   4A. BURIAL, CREMA+ 24B. DATE / 24C. NAME OF CEMETE		Dec. 28 15 county) (State)				
ASE ct 2		Dureal 12/31/52 Holy Ke	deman Solts mo					
PLEASE WRITE orrect age is esp		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	DDRESS				

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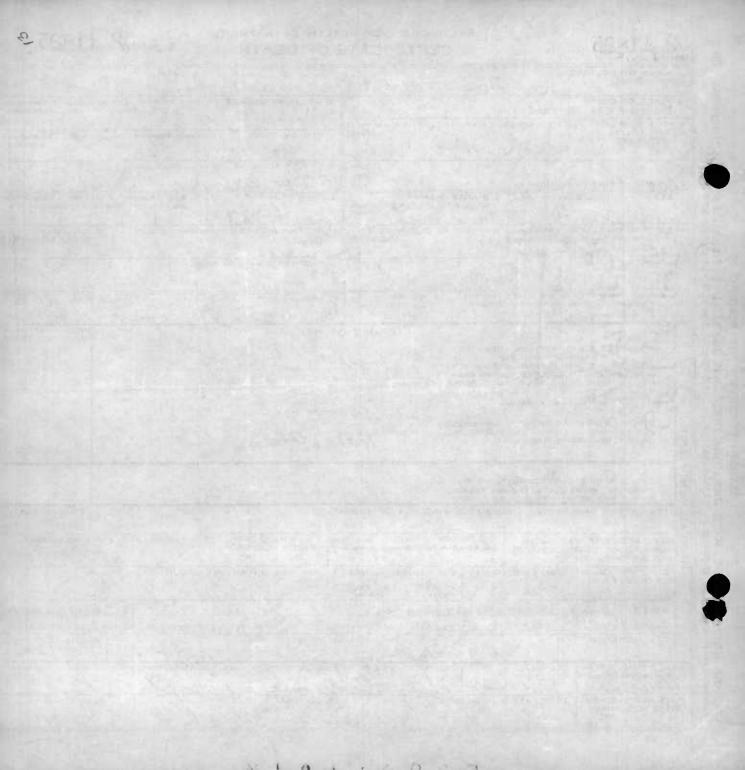


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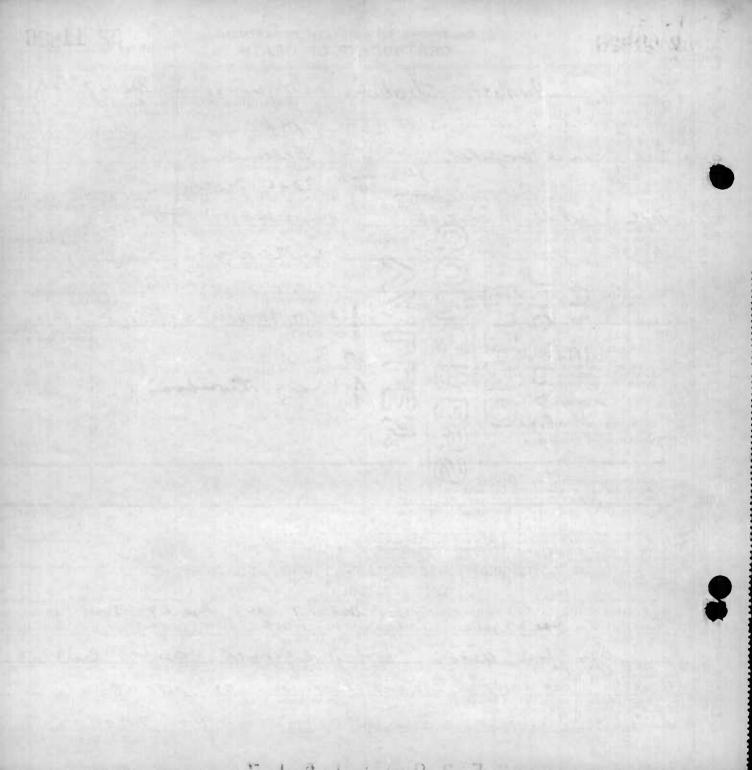
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BIRTH NO.
1. NAME OF DECE (Type or Print)

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	59 11005	TE OF DEATH Register 2No 11825				
Th	BIRTH NO.  1. NAME OF DECEASED	2. DATE				
ed.	(Type or Print) Qe Simone, Odo 1:	310 OF 12/28/52				
supplied.	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
y su	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits write RUlent, and give				
efully ly.	Sina Hospital	Baltimel L/ township)				
	Yrs. c. Length of stay in Baltimore Day	amia pai la D				
pe nd l	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDQWED, DIVORGED (Specific	8. DATE OF BIRTLA 9. AGE (in years   1 Under 1 Year   11 Under 24 Hours				
should be	_ // W widowed	June 4-1873 79				
shoul learly	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work down during arthrof working lift, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
ation th c	19. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
information s of death cle	3,	S				
inf s of	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.					
em of it	18. 4.20.0 CAUSE	OF DEATH				
item he cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	onset and death				
Every ite	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	earny organization				
	injury or complication which caused death.) OUE TO					
INK.	DISEASES OR CONDITIONS, IF ANY, GIVING	many / humbergel				
G I	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Lerioscler hic Heart Disture				
ADING cians:	(c)					
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	neuropia RCC				
	TO THE DISEASE OR CONDITION CAUSING IT.					
WITH rtant.	O	YES NO				
LY, WITH	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidged course of DEATH					
Lin	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR OF INJURY WHILE AT NOT WHILE					
a a	m.   WORK   AT WORE					
PE	deceased alive on 12 14, 19 52, and that death occ	urred at 1230 Am., from the causes and on the date stated above.				
WRIT ge is e	23A. SIGNATURE	23B. ADDRESS . Monifold 23c. DATE SIGNED				
age W	24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEME	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
PLEASE correct ag	Durial 12/31/52 Holy to	demer Galo ma				
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Leonard Luck 5305 Harford				
	VS 150					

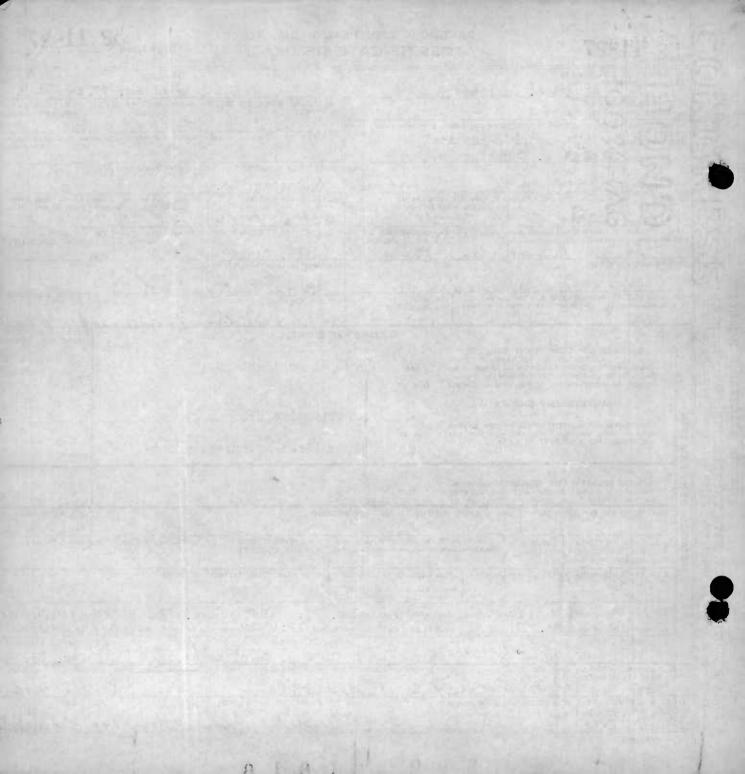


BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Shopins (AKA STROBINSKY) fully supplied. August DEATH DEC. 3. PLACE OF DEATH: A Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltemore legibly Yrs. D. STREET ADDRESS (If rural, give location) Mos 3325 moravia c. Length of stay in Baltimore Days should be 7. SINGL MARRIED WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | If Under 24 Hours | Months Days | Hours Min. AUGUST 25-1898 MARRIED clearly IOA, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle GROCER GROCERY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME N DONT KNOW SOH DAKA CATHERINE 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes YES W W. AUGUST SHOBINS UR- 3325 MORAVIA of 18. 420.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., D. O. A. Colonary Risubsais heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (R) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: MARGIN (C) .. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT.  $\bar{0}$ 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. DICA YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING shout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Dec. 2), 1952, to Dec. 27, 1952, that I last saw the deceased alive on 24 27, 19 CL. and that death occurred at 1: 45 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED md. general Hospital 48. DATE PLEASE correct ag 24A. BURIAL, EREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) BURIAL DEC 30-1952 BACTIMORE BALTIMURE NATIONAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS wilmston JULLRICH FUNERAL HUME 2008 ORLEBAI VS 150 2906A



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4. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission) (If outside corporate limits, write RURAL and give If Under 1 Year last birthday) Months; Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from Dec. 27, 1952, to Dec. 27, 1952 that I last saw the 19 52, and that death occurred at 12:10m from the causes and on the date stated above. 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Lassalm Funeral Home 7401. Belain Rd VS 150

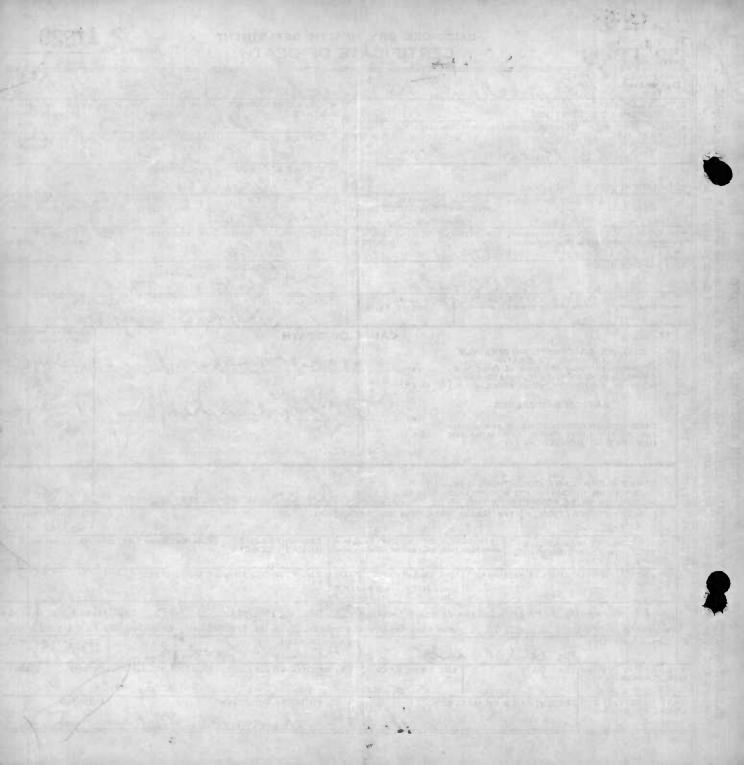


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION township (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore 03-61 Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Juica-64 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MAON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, glve exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH more 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY AT WORK WORK 12/20 . 19 - to 22. I hereby certify that I attended the deceased from\_ . 19 J that I last saw the deceased alive on. and that death occurred at\_ m., from the eauses and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED PLEASE WI 24A. BURIAL, CREMATHON, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 248, DATE Surial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 1342



Registered No. 11830 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RAYMOND PLAZA OF ully supplied. Dec. 21, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or Public Health Service location)
Hospital B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate | mits write R R I and give Baltimore wman Pk. Drive & 31st street b. STREET ADDRESS (If rural, give location) 900 cathederal Street Yrs. Mos. c. Length of stay in Baltimore Days information should be 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | | Under | Year | | H Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) 10/31/98 Seo. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Spain Chief Cook . USA None at present 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymonda Fucho Masrono Plaza 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes. no or unknown) 266-14-7370 causes Records- US PHS Hospital, Balto, Md. of NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar pneumonia right lower lobe 2 days (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fatty liver Mindetermine DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE 20 19 52 to Dec. 21 . 19 2,4hat I last saw the Dec. 22. I hereby certify that I attended the deceased from\_ 19 52, and that death occurred at 3:35Am., from the causes and on the date stated above. deceased alive on Dec. WRI 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Clinical US PHS Hospital, Balto, Md. J.A. Hunter, Director 24A. BURIAL, CREMA TION, REMOVAL (Specify) PLEASE correct ag 24b. LOCATION (City, town, or county) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 12-30-DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR NFC O O ANEA VS 150 7546M

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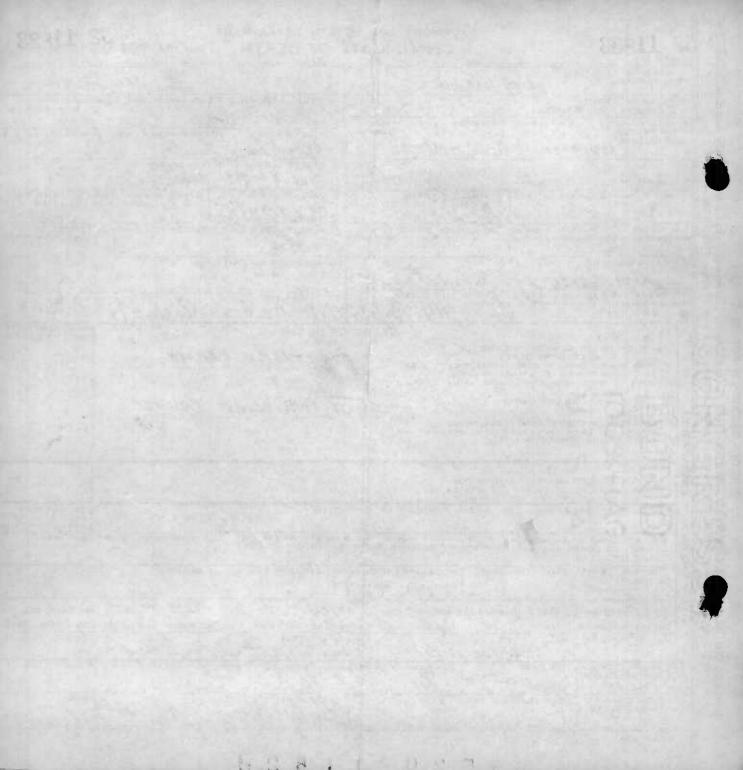
52 11831 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO NAUN 1. NAME OF DECEASED 2. DATE (Type or Print) rant OF ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate imits, write BURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED AGE (In year) Il Hadet 1 Year WIDQWED, DIVORCED (Specify) last birthday) Months Days Hours Min. exace 10A. USUAL OCCUPATION (Give kind of work done during most of working lift even if retired) 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no by pulknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no br wiknown) SECURITY NO. of JOHNS HOPKINS HOSPITA Every item write the cau INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH UREMia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) adeno carcino ma of cerrix ICIV DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: CA ī ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT AT WORK WORK 10 1952, that I last saw the 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE 13 25, 1952, and that death occurred at 1,20 Pm., from the causes and on the date stated above, deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED HOPKINS HOSPITAL 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-CON, REMOVAL (Secify) 24B, DATE LOCATION (City, town, or county 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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	PLACE OF D	Bear Bear	ch, Mar	y Ann	A USUAL RESID	ENCE (W	DEATH Dece		
Α.	Baltimore (	City, Maryland			A. STATE		B. COUNTY		ore admission
H	FULL NAME OSPITAL OR ISTITUTION	Of (If not in nospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	•	outside corporate in	its, write Ri	JRAL and giv
14		St.	_	's Hospital	Baltimore D. STREET ADDR		rural, give location)		24 - L
-		tay in Baltimore	Life	Mos. Days	3210 E. I	Lombar	d Street		
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTI		9. AGE (In years last birthday)	H Under 1 Year Months; Days	Hours Min
	Female	White	Wido		Feb.25,188		65		
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or fo	oreign country)	12. CITI	ZEN OF T COUNTRY
10	Hwfe.		Own H	ome	Maryland		1		
13	. FATHER'S		To hos II	F.Miller	14. MOTHER'S MA		AME		
15	WAS DECEASE				Annie	TCKTO			
(Ye	a, no or uuknowu)	ED EVER IN U. S. ARME (If you, give war or date	D FORCES?	security No.	Mrs.M.McCl	elland	3210 E.LOm	ADDRESS	t. 24
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				and that death occur				the date s	tated abov
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	Burial ATE RECEIVE	Dec .29/		Mt.Carmel	Cem		Balto. Md.	ADDRES	SS
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	VS 150	1002				V			

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Α.	Baltimore City, Maryland		4. USUAL RESIDENCE (W	LEATH -	
H	I. FULL NAME OF (If not in hospital HOSPITAL OR NSTITUTION SOUTH BALTO	or institution, give street address or location)  GEN. MISCITAL	c. CITY OR TOWN (If	outside corporate limits, v	vrite RURAL
c.	Length of stay in Baltimore	SOAH Mos. Days	D. STREET ADDRESS (If a	Fural, give location)	250
5	5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	May 20/82	9. AGE (In years list birthday) Month	ns Days Hou
WOT	OA. USUAL OCCUPATION (Give kind of rk dane during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or for	reign country)   12	WHAT CO
15	3. FATHER'S NAME	Armstrong	14. MOTHER'S MAIDEN NA	ME	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED (11 yes, no or nnknown) (11 yes, give wat or dates of	FORCES? 16. SOCIAL SECURIT NO.	17 INFORMANT	Lisher 104	RESS.
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MEDICAL CERTIFICATION	injury or complication which can  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF. RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST  OTHER SIGNIFICANT CONDITION TO THE OISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (OF INJURY)  22. I hereby certify that I attendeceased alive on Injury	IONS CON- OT RELATEO CAUSING IT.  B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg.  Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  nded the deceased from 19 and that death occur  24C. NAME OF GEMETE	ATION  AT	occur?  The causes and on the Sect Hospital Country (City, town, or	ves that I last adate states



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`	PLACE OF D	INR. E	DWIN K. HEBDEN	4. USUAL RESIDENCE		2-27-52
A.	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of			A. STATE	B. COUNTY	before admissi
H	OSPITAL OR	OF (II not in nospit	location)		f outside corporate limi	ts, write RURAL and
7	2/ (	INIUERSITY	/	EZKRIDGE		townsl
	Tonoth of a	t in D-14:	Yrs. Mos.	D. STREET ADDRESS (IE		DN
_	SEX SEX	tay in Baltimore	7. SINGLE, MARRIED	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year   II Under 24 H
	m	W	WIDOWED, DIVORCED (Specify)	8 - 13 - 87	last birthday) M	onths Days Hours M
10 ork	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNT
3	METARY S	4 REKENDENT	CEMENTARY	Baltimore, Md.		U.S.
13	Father's	Hebden		14. MOTHER'S MAIDEN N		
15		ED EVER IN U. S. ARMEI	FORCES?   16. SOCIAL	Minnie Eaton		
You	e, no or unknown)	(If yes, give war or date	s of service) SECURITY NO.	17. INFORMANT Alice May Hebden		DDRESS Md
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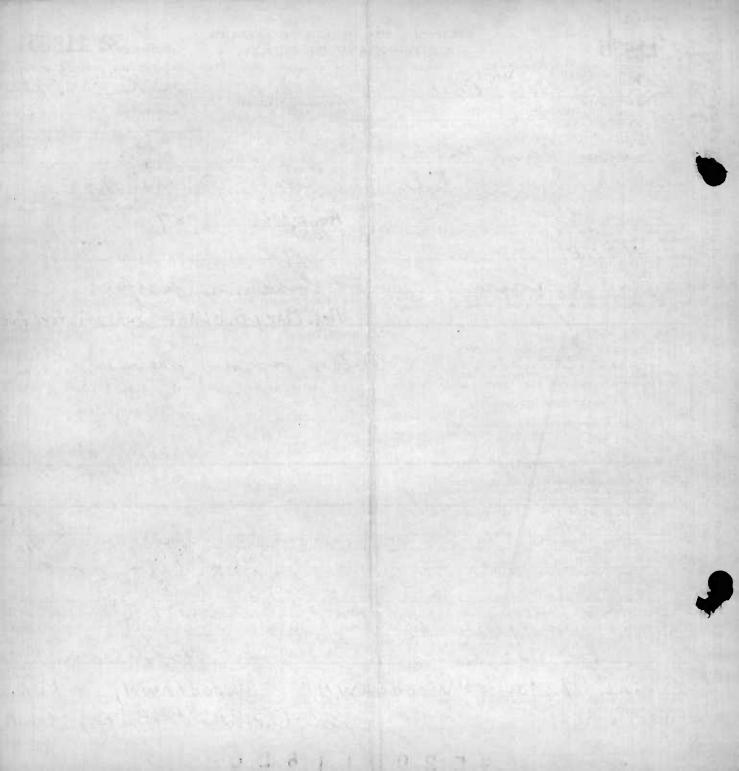
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20. AUTOPSY

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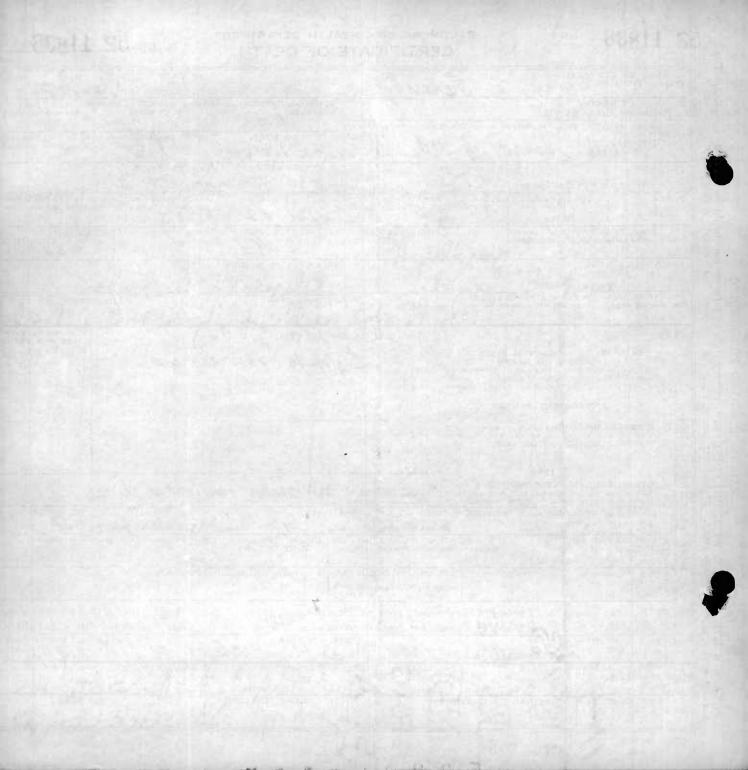
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## BALTIMORE CITY HEALTH DEPARTMENT

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The	В	IRTH NO.	E OF DEATH	
	1.	NAME OF DECEASED	2. DATE	. /
ied.		PLACE OF DEATH	OF DEATH /2/26	182
supplied.	Α.	. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	tion: residence before admission
y ss	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If outside corporate librits, write	RURAL and give
ully 3.	1	restitution buth. Hosp. of Md.	Baltimore 1000	township
grion	1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
be le		Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	840 Hillman Ct. 2  18. DATE OF BIRTH 19. AGE (In years)     Under	Year   If Under 24 Hours
ld		MIDOWED, DIVORCED (Specify)	6/21/89   last birthday) Months I	Days Hours Min.
should sarly an	1C wor	DA. USUAL OCCUPATION (Givekladof) 10B. KIND OF BUSINESS OR & done during most of working life, oven if retired) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11. BIRTHPLACE (State or foreign country)   12. C	ITIZEN OF HAT COUNTRY
cle		- Ruendland	Md.	454
information shous of death clearly	12	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
for f d	15	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL se, no or unknown) (If yee, give war or dates of service)  GEOURITY NO.	17. INFORMANT ADDRES	
of in	(Ye	se, no or unknown) (If yes, give war or dates of service)	Pues 00 of 1 let - 840 H. 00	A. g
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ite che		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	une to halancases	a man h
Every write		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	9 110/11110 200 120 1100	y mous
W		injury or complication which caused death.) DUE TO		
INK. please	Z	ANTECEDENT CAUSES  (B)		
ple	Ĕ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
DING	IC.			
FAI	RTIF	OTHER SIGNIFICANT CONDITIONS CON-	1 . 0	
UNFADING Physicians:	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED HUBLING TO THE DISEASE OR CONDITION CAUSING IT.		••••••
++1	Ļ	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		O. AUTOPSY?
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LY, WITH	MEC	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		
Ily		m. WHILE AT NOT WHILE AT WORK		
ET 15		22. I hereby certify that, I attended the deceased from	2/17 1962, to 12/26, 1962 than	t I last saw th
RITE is esp		deceased alive on 12/26, 1962, and that death occur 23A. SIGNATURE	238. ADDRESS ,, , , , , , , , , , , , , , , , , ,	. DATE SIGNED
age i		Allquet Social M.D.	duga. Hospi. of ala. 12	
	7	AA. BURIAL, CREMA- 24B/DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24b. LOCATION (City, town, or eou	nty) (State)
PLEAS	NO.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDI	RESS
P 00	ħ	OCAL REGISTRAR Huntington Williams M. M.	John C. Miller The - 2435 & O	lie H
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	[]	970	99	



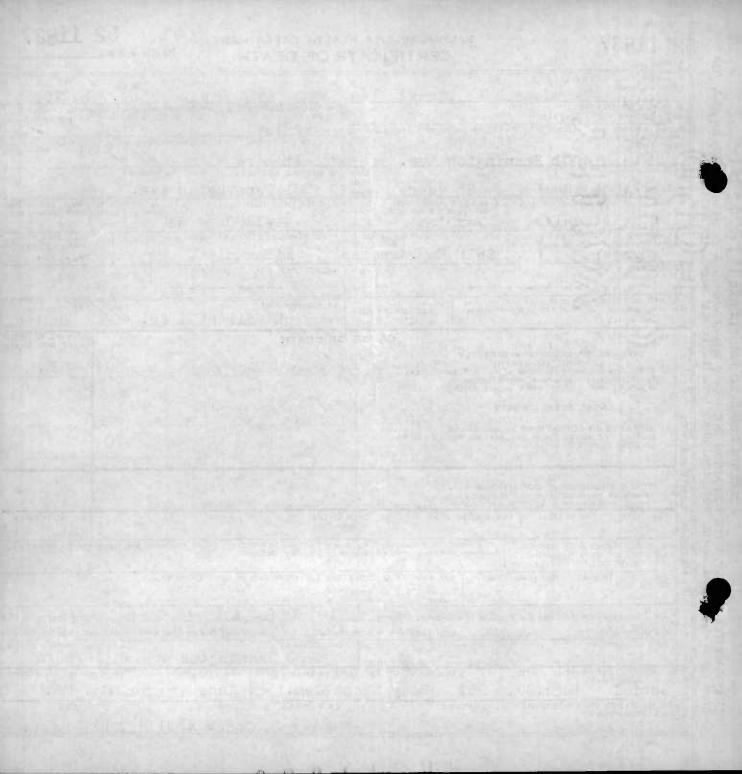
LY, WITH UNFADING INK. Every item of information should be any important. Physicians: please write the causes of death clearly and le MARGIN RESERVED FOR BINDING

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gistered						

0	PC	2 1183		CERTIFICAT	E OF DEATH	Registered N	0
The		NAME OF DE	CEASED			1	cop = 1
fully supplied.	(7	Type or Print)		ph Polianski		of Dec.	25. 1952
		. PLACE OF DE	ATH: ity, Maryland		4. USUAL RESIDENCE (V	Vhere deceased lived, If i	institution: residence before admission)
sup	В.	FULL NAME		pital or institution, give street address of	Maryland		-
lly	II.	OSPITAL OR NSTITUTION		location	C. CITT OR TOWN	outside corporate linuts	write RURAL and give
4 2	13		4201 Per	nington Ave. Yrs.	Baltimore o. street Address (If	rural, give location)	
5	c.	Length of st	ay in Baltimore	39 years Mos.	4901 Damaina		
ld be		. SEX	6. COLOR OR RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	1 8. DATE OF BIRTH	9. AGE (In years) If	Under 1 Year   If Under 24 Hours   https://doi.org/10.1001/10.
ould y a		M	White	Married	1890	62	Tours Mill.
on should clearly an	wor!	DA. USUAL OCC k done during most of	CUPATION (Give kind working life, even if retire	d) INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
ion cle	15	Groce		Self Emp. groce:	<u>U</u>		WHAT COUNTRY
nat	'	J. PATHER S N	AME		14. MOTHER'S MAIDEN N.	AME	
of information ises of death cl	15	5. WAS DECEASE	D EVER IN U. S. ARM (if yes, give war or de	ED FORCES?   16. SOCIAL	17. INFORMANT		
f in	(Ye	NO NO	(if yes, give war or de	security No.	Joseph Poliar		DDRESS Ol Penning
Every item of i		18. 4	1 .	CAUSE	OF DEATH		INTERVAL BEOVERN
iter ne c		DISEAS		ONSET AND DEATH			
ery e th		(This does heart failur	LEADING TO DE not mean the mode e. asthenia, etc. It m	of dying, e. g., (A)	ulful hemont	uge	4 hours
Ever		injury or	e, asthenia, etc. It m complication which	caused death.) OUE TO			
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r INK.	Ö	DISEASES	OR CONDITIONS	IF ANY, GIVING			******
NG.	A.	UNDERLY	ING CONDITION	(C)	***************************************	***************************************	
UNFADING Physicians: 1	RTIFIC						
JEA ysic			GNIFICANT CON TO THE OEATH, BU				
	CE	TO THE OF	SEASE OR CONDITIO	ON CAUSING IT.			
I.H.	AL AL	19A. DATE OF	FOPERATION	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
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LY, mpo	4EI	CAUSE OF	CONTRIBUTING[ EATH	about home, tarm, tactory, street, onice bidg.	INSURY OCCURY		
	-	210. TIME () OF INJURY	Month) (Day) (Yes			Y OCCUR1	
Cita .				m. WHILE AT NOT WHILE AT WORK			
a sa		22. I hereby	certify that I a	ttended the deceased from	ignil , 1951, to_	Dec. 28, 1951	, that I last saw the
ITE		deceased ali		8, 19 12, and that death occu	rred at/_m., from t	he causes and on th	e date stated above.
WR e is		111	du Cy St	Feliler to M.O.	4700 Penning	ton Ave.	12/29/52
age	2	4A. BURIAL, C	REMA- /24B. DATE	24C, NAME OF CEMETE	ERY OR CREMATORY 240. L.		
PLEASE WRITE correct age is esp	_	Burlal	Dec • 30	, 195% Holy Cro		ne Arundel (	
35		ATE RECEIVED	RAR	1	25. FUNERAL DIRECTOR		ADDRESS

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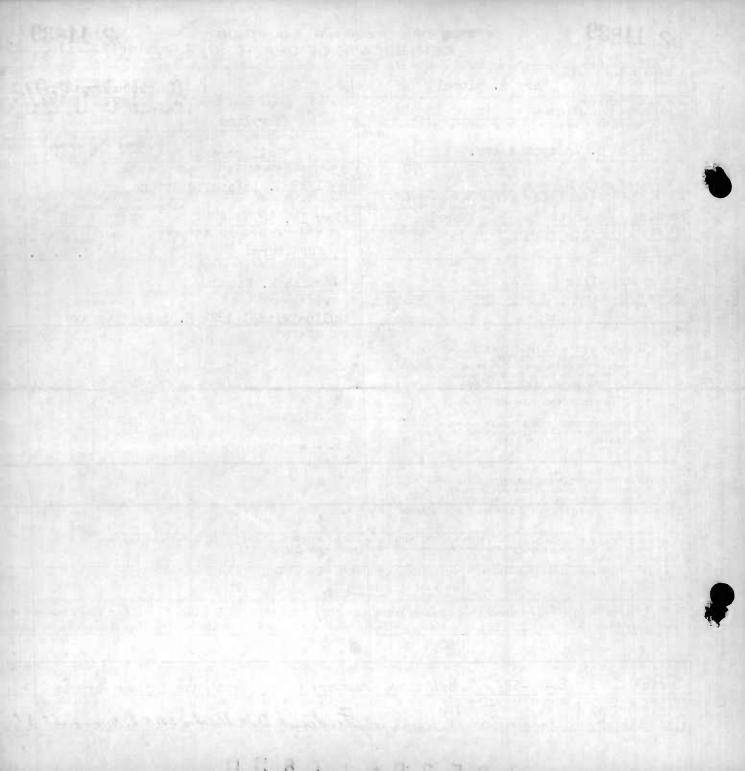
## BALTIMORE CITY HEALTH DEPARTMENT

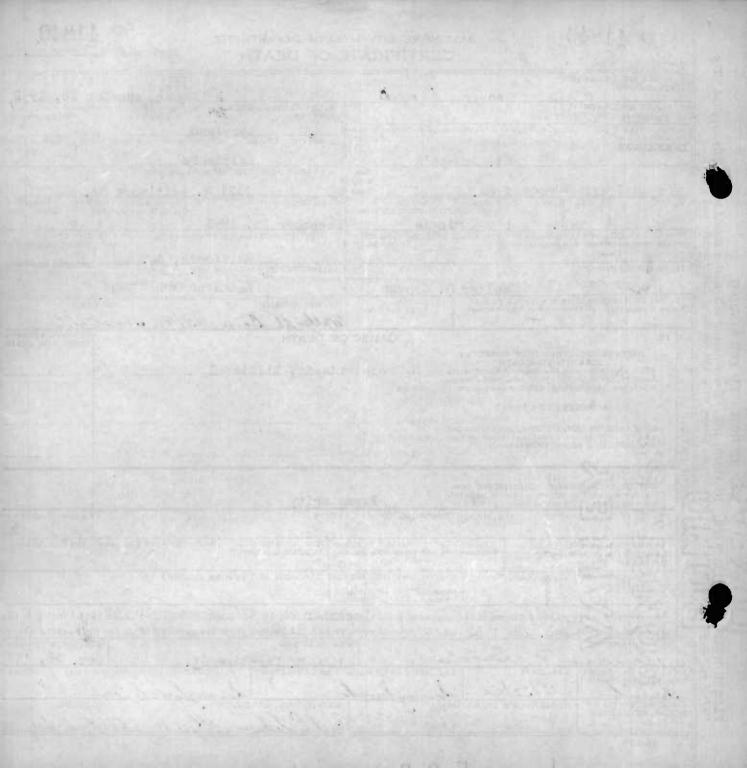
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BIRTH NO.	O	CERTIFICATI	E OF DEATH	registered	110
1. NAME OF (Type or Print)	DECEASED			2. DATE OF	
3. PLACE OF		Dennis P. Griffin	O A MISSIAN DESIGNATION (I	DEATH 12.	26.52
	City, Maryland		4. USUAL RESIDENCE (V	B. COUNTY	before admission)
B. FULL NAME		al or institution, give street address or location)	Md.		
INSTITUTION			A second	outside corporate im	is, write RURAL and give township)
1943	2802 W. LE	afayette Ave.	Baltimore D. STREET ADDRESS (If	rural give location)	6 0 -
a Longth of	star in Daltimore	Mos.			
5. SEX	stay in Baltimore	7. SINGLE, MARRIED.	2802 W. Lafay		If Under 1 Year   11 Under 24 Hours
M	W.	WIDOWED, DIVORCED (Specify)	May 25, 1887		Ionths Days Hours Min.
10A. USUAL O	CCUPATION (GivekInd of		11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
_	t of working life, even if retired) tired Police	City of Balto.	Ireland		WHAT COUNTRY?
13. FATHER'S		Oldy of Balto.	14. MOTHER'S MAIDEN N	AME	0026
De	niel Griffin		Mary Murphy		
15. WAS DECEA	SED EVER IN U. S. ARMEI		17. INFORMANT		ADDRESS
Yes	War I	security No.	Catherine M Grif		
18. /	SYX.	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION		1	1	ONSET AND DEATH
(This do	LEADING TO DEAT	f dying, e.g., (A)	renoma /	mall deles	ing Jyr
injury o	lure, asthenia, etc. It mea r complication which c	ns the disease, aused death.) DUE TO	U		
	ANTECEDENT CAUS	ES	5.00		
Z		(B)		*******************************	
RISE TO	ES OR CONDITIONS, II	STATING THE DUE TO			
OTHER	YING CONDITION LA	ST. (C)	***************************************	***************************************	***************************************
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OTHER	SIGNIFICANT CONDI				
TO THE	DISEASE OR CONDITION	CAUSING IT.			
19A. DATE	OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION		20, AUTOPSY?
1	DENT WAS UNDER-	218. PLACE OF INJURY (e.g., i	n or   21c, WHERE DID (	If in Baltimore City,	give exact location)
CAUSE OF	OR CONTRIBUTING	about home, farm, factory, street, office bldg.,	oto.) INJURY OCCUR?		
	(Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
OF INJURY		m. WHILE AT NOT WHILE			
22 I hore	has contifue that I att	cnded the deceased from	1946 , 19 , to_	Dec 1/2 19	5, That I last saw the
		, 19 Y. and that death occur	, , , , , , , , , ,	•	the date stated above.
23A. SIGN	ATURE	C 2 12	20 ADDDECC		23c DATE SIGNED
1/10	evoled &	, M. D. 1		Ho lev	17/79/52
24A. BURIAL, TION, REMOVAL	CREMA- 24B, DATE (Specify)		RY OR CREMATORY 24D.1	OCATION (City, tow	
Buria	1 12.30.54		tional B	alto.	Md.
DATE RECEIV	TRAR REGISTRAR	SSIGNATURE	25. FUNERAL DIRECTOR	0000 73	ADDRESS
DEG 29	1957 1 untrus	lon Pollings M.D	John T. Stansbur	y 2700 Edmon	dson Ave.
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		1 5 2 01,13.7	13		

and region and the Editor in 1922 to 1914 a televisor ave at the the color ball to the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mary A. Witzel DEATH December 27, 1952 fully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) E. Lafayette Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos 1829 E. Lafavette Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) information should of death clearly an Female White Married May 14, 1873 79 28 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Forstburg U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Geller Louisa F. Btoudte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Julius Witzel 1829 E. Lafayette Ave Mo MO None INTERVAL BETWEEN 18. CAUSE OF DEATH 331 XI ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Lec. 27 . 1952 that I last saw the WW 26 1952/to 1 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE deceased alive on Africa, 195k, and that death occurred at 8 35 m., from the causes and on the date stated above, 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 12/29 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) / Burial 12-31-52 Baltimore Cemetery North Ave & Rose Streets DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Miller Inc 3019 8. monument St VS 150 0 0 0 0 1 1



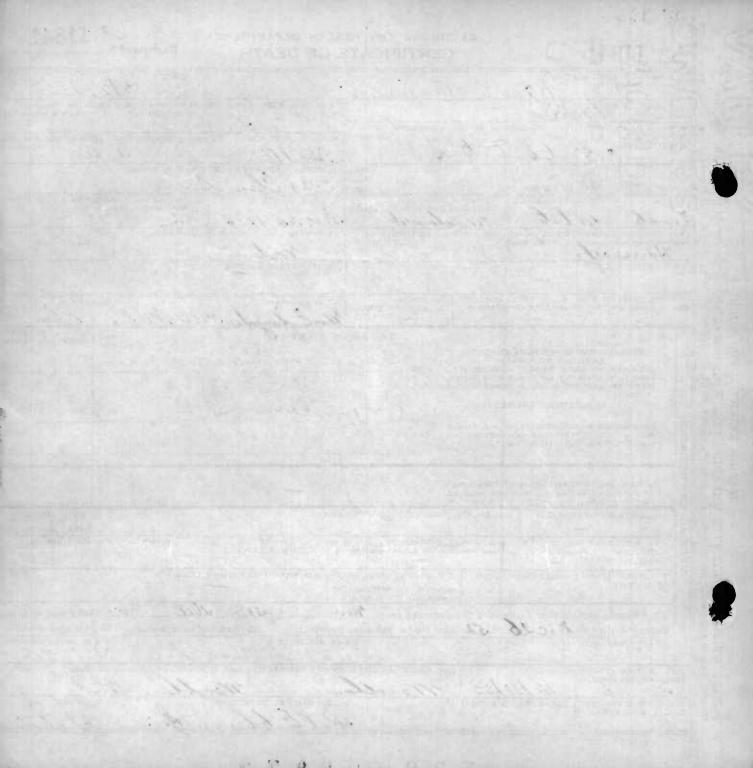


2 11841 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. GNES OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or fully C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) and legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) Il Under I Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) plnods imale Widowed. clearly 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information Housevel 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, uo or unknown) (If yes, give war or detes of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, uo or unknown) SECURITY NO causes 18. INTERVAL BETWEEN CAUSE OF FOR ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED SE TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY WITH important. 21c. WHERE DID 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING LY. CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Now . 1951, to due , 1952, that I last saw the PLEASE WRITE deceased alive on . 1852 and that death occurred at m., from the causes and on the date stated above. 23 . SIR IATUR 238. ADDRESS 23c. DATE SIGNED IS 24A. BURIAL, CREMA-24B, DATE 24D. LOCATION (City, town, TION, REMOVAL (Specify) correct DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

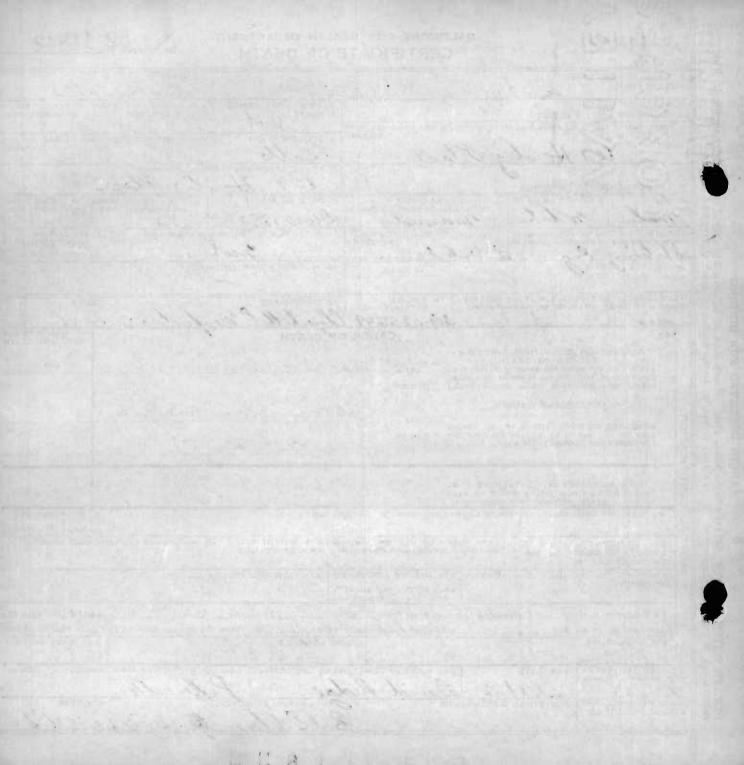
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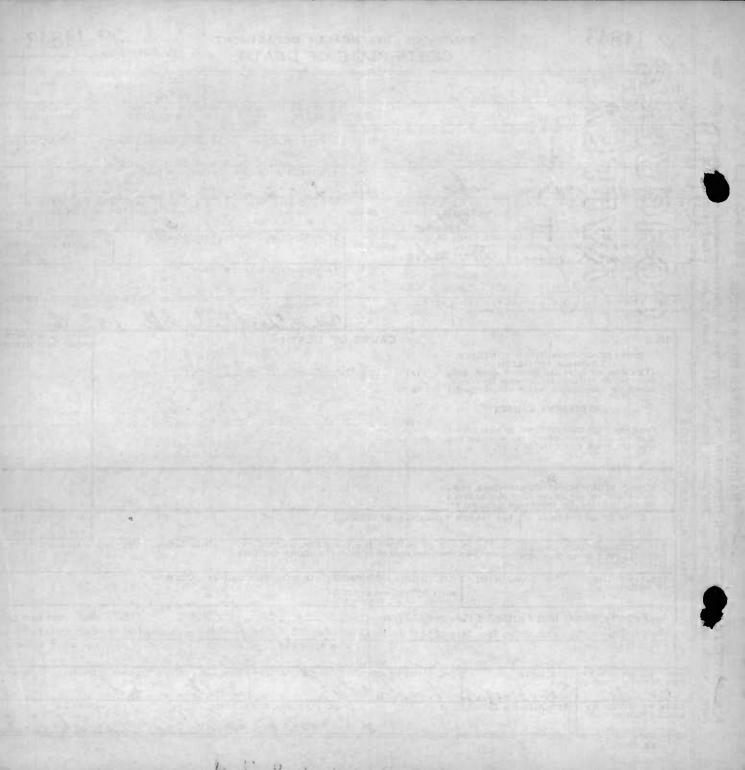
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Registered No. 11842 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9 AGE (In years If Under 24 Hours information should is of death clearly an last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) married. IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME non (A 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowo) SECURITY NO causes Jo 18. item INTERVAL BETWEEN CAUSE OF DEATH 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES lease INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION WITH 20. AUTOPSY ILY, WITH important. 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE ! AT WORK WORK sec. 5 19 5/2 10 Soc. 22. I hereby certify that I attended the deceased from\_ , 19\_D that I last saw the PLEASE WRITE correct age is est and that death occurred at 10:30 cm., from the causes and on the date stated above. deceased alive on Acr 1957 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 360 46 W. 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR JOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE BIRTH 9. AGE (In years II Undet 1 Year WIDOWED DIVORCED (Specify) last birthday) | Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? information s 13. FATHER'S NAME arion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Jo item NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 22. I hereby certify that I attended the deceased from 12-24 1952 to 12-29, 1952 that I last saw the deceased alive on 12-28, 1952, and that death occurred at 4:10 Am., from the causes and on the date stated above. PLEASE WRITE 23A. SIGNATURE 23B. ADDRESS CREMA-24A. BURIAL. 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR



52 11844 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Frank Thomas Dec. 29,1952 fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1119 Park Ave township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore III9 Park Ave. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) D Under 1 Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours : Min. Male Colored Widowed 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Waiter Marvland U. S. A death 13. FATHER'S NAME ant. 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Mrs. Mable Wilson 1119 Park Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Orlereoscleratio carden - varietus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) elieure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. (C) .. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from\_ , 195 that I last saw the 19\_ deceased alive on 12, 28. 1952, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-248, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Baltimore. Mt. Auburn Cem Md. Burial 12-31-52 DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 4 LOCAL REGISTRAR witinglow VS 150

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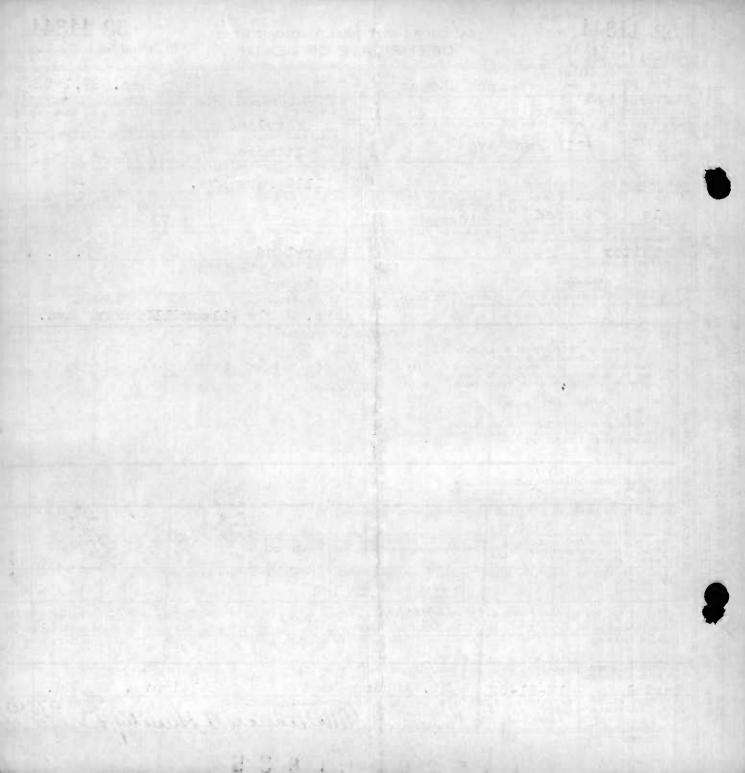
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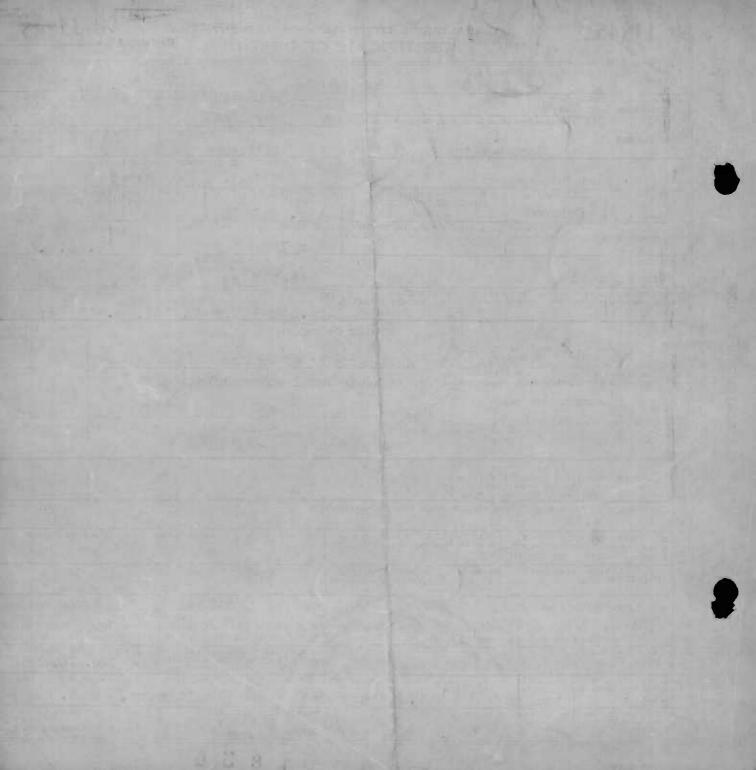
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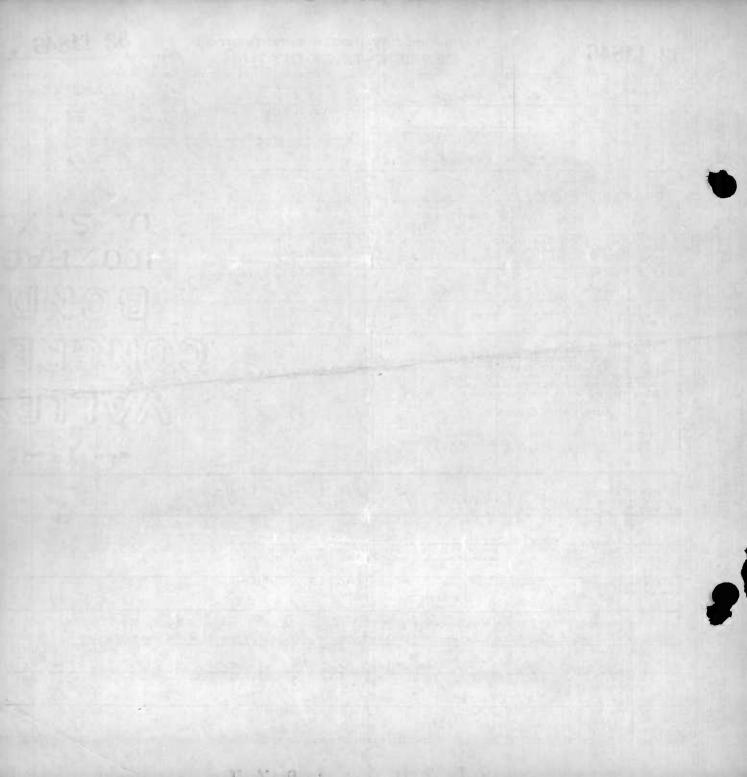
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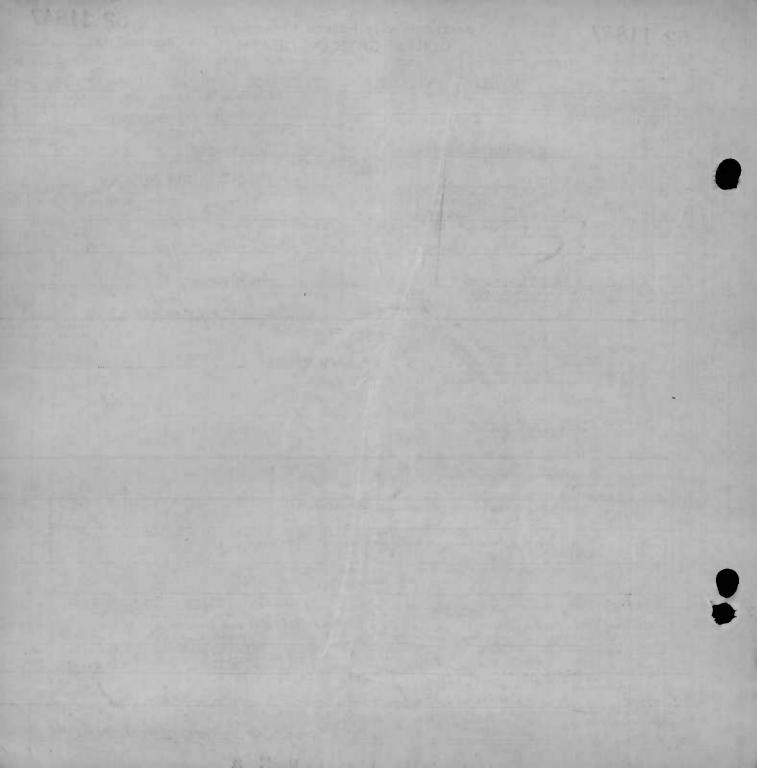
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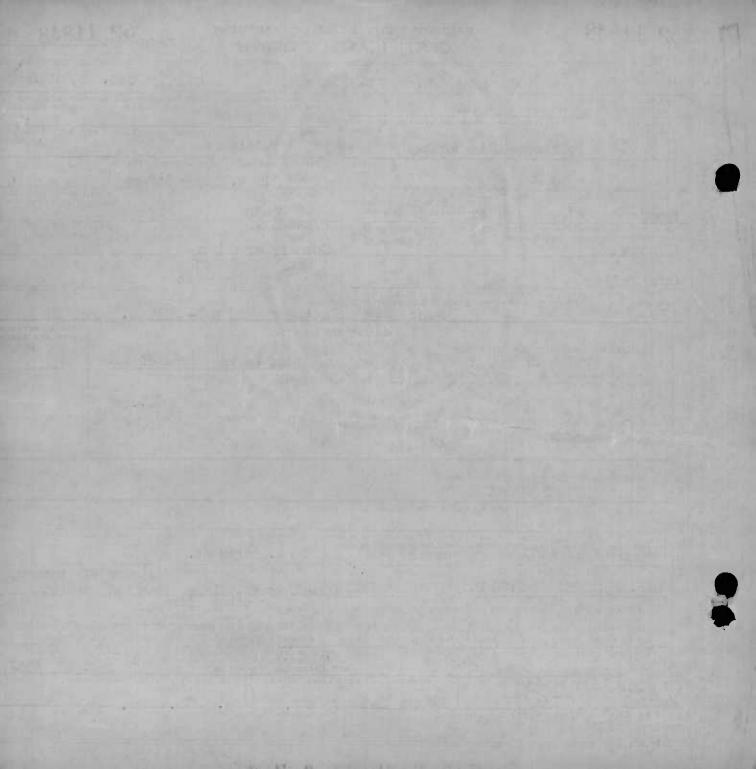


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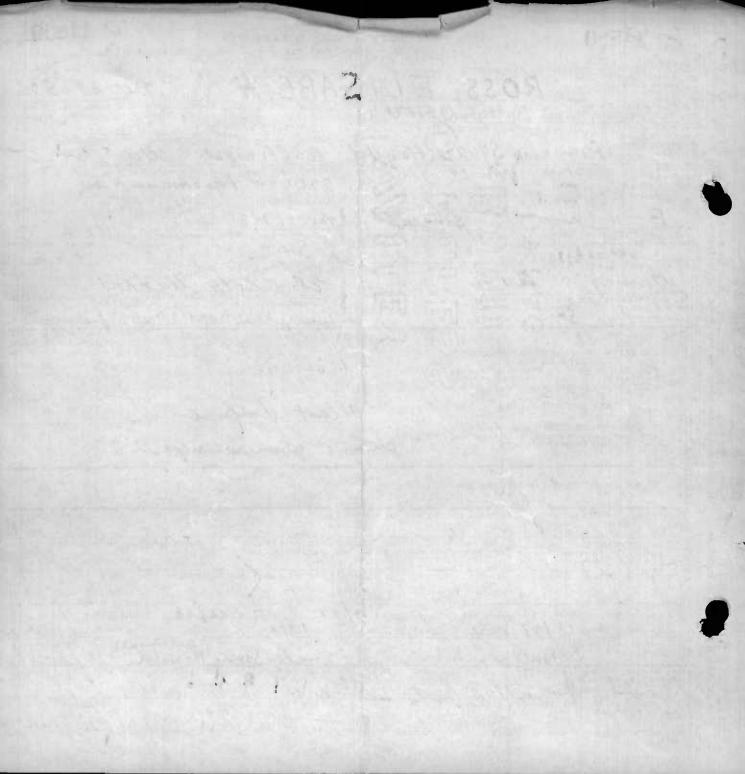


52 11848 Registered No. 11848 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Dec. 26, 1952 (Type or Print) OF EMMA WRITCHIN M. DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION fully Baltimore City Morgue Baltimore legibly. o. STREET ADDRESS (If rural, give location) Yrs. Mos. 626 W. Barre Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months: Days Hours Min. ld be WIDOWED, DIVORCED (Specify) Colored Married I880 Female should 10A. USUAL OCCUPATION (Give kind of clearly 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife South Carolina information s of death cle 13. FATHER'S NAME Gus Waiters Elizabeth Prebost BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or detes of service) SECURITY NO. No No None Matthews Wright- 626 W.Barre St of i INTERVAL BETWEEN 18 CAUSE OF DEATH 16.6 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Second and third degree burns of heart failure, asthenia, etc. It means the disease, 100% of body RESERVED injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ..... MARGIN OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-21B. PLACE OF INJURY (e.g., In or 1NJURY OCCUR? 626 W. Barre St. about home, farm, factory, street, office bldg., etc.) OTING LI CAUSE OF DEATH. home 21F. HOW DID INJURY OCCUR? Apparently opened 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED Dec. 26, 1952 WHILE AT 2:00 P. especially flames flew out, caught 22. I certify that I took charge of the remains described above, held anclothes afire thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above WRITE and death in my opinion resulted from: natural causes  $\square$ , accident X, suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... age MEDICAL INVESTIGATOR PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Mount Calvary DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11851

1. NAME OF DECEASED

CERTIFICATE OF DEATH 2. DATE (Type or Print) Catherine Stella Kressel) Begley DEATH Dec. 28, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2027 W. Baltimore St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 2027 W. Baltimore St. c. Length of stay in Baltimore Davs 9. AGE (in years | ff Under | Year | ff Under 24 Hours | Months; Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Sept. 20. 1882 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Feldoush Fredrica Mardaga 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 7-26-5793 Wm. J. Begley 2027 W. Balto. St. 18. CAUSE OF DEATH 10 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIFIC. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B/MAJOR FINDINGS OF EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK . 1952, that I last saw the 22. I hereby certify that hattended the deceased from 19 3 and that death occurred at 9:10 m., from the causes and on the date stated above. deceased alive on 23C DATE FIG 281 ADDRESS 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY 24B. DATE TION, REMOVAL (Specify) Bunial Dec.31 Parkwood Baltimore ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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UNFADING Physicians: p ecially PLEASE WRITE correct age is esp

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	453 2 1185 IRTH NO.	ZJI_163738		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	52 Registered No	2 11852
	NAME OF D	Mary Bloun	t			2. DATE OF DEATH 12-25	-52
Α.	Baltimore (	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (WA. STATE		stitution: residence before admission)
H	OSPITAL OR	Baltimor 4940 Eas	e City	Hospital gocation)	!	outside corporate limits,	write RURAL and give
c.	Length of s	stay in Baltimore	25 y	Yrs. Mos. Days	o. street address (If i		
5.	Female	6.COLOR OR RACE	7. SINGLE	E. MARRIED.	Sept. 17, 1888		hs Days Hours Min.
1C worl	A. USUAL OC k doae during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for <b>Va</b> •	reign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME ?			14. MOTHER'S MAIDEN NA	ME	
15 (Ye	5. WAS DECEAS us, no or unknown)	ED EVER IN U. S. ARME! (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records,	4940 Eastern	Ave.
	(This does heart failt	SE OR CONDITION LEADING TO DEA's not mean the mode or are, asthenia, etc. It mea	TH f dying, e.g ns the diseas	(A) U remi:	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				tive Heart Failure	)	4yrs
CERTIFIC	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATE	D			
CAL	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH about home, form, factory, street, office hidg., etc.)

21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT

NOT WHILE WORK

10-3-52 22. I hereby certify that I attended the deceased from deceased alive on Dec. 25 19 52 and that death and that death occurred at 10.

deceased alive on Dec. 23A. SIGNATURE

BURIAL, CREMA

TION. REMOVAL (Specify URIAL

24c. NAME of CEMETERY OR CREMATORY

M. D

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

24D. LOCATION (City, town, or county)

23c. DATE SIGNED 12-26-52

from the causes and on the date stated above.

(State)

1952, that I last saw the

25. FUNERAL DATE RECEIVED BY ADDRESS LOCAL REGISTRAR 3

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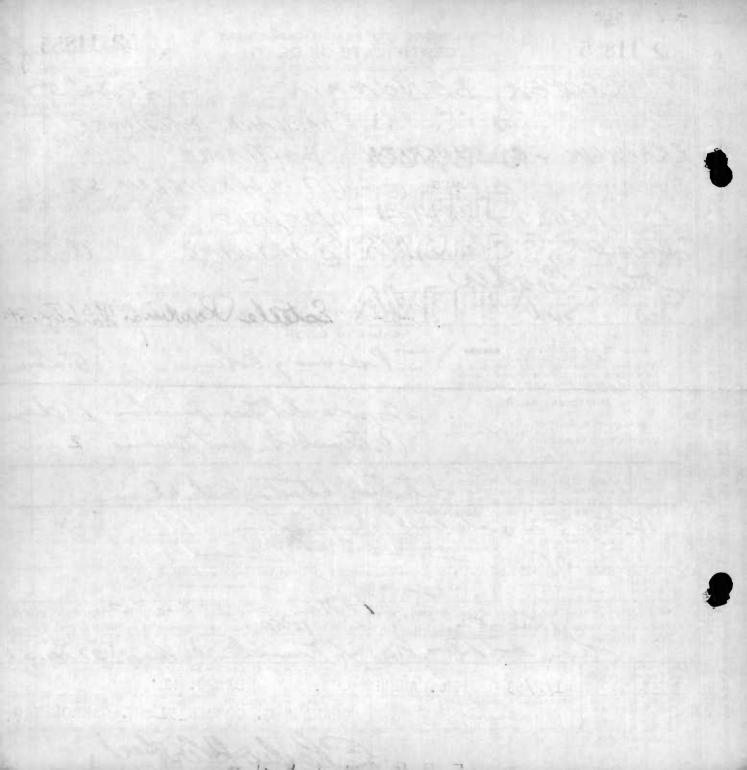
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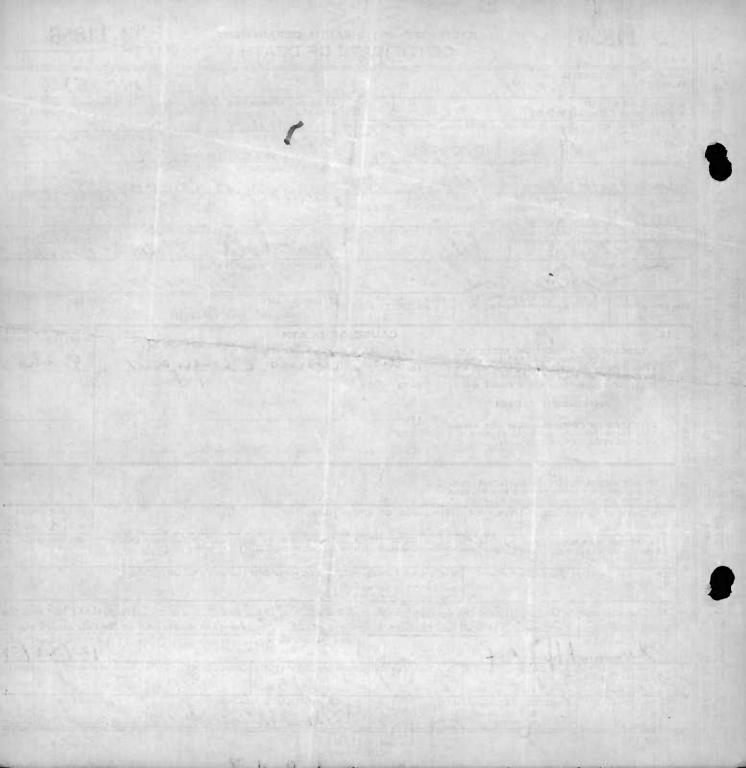
52 11854 BALTIMORE CITY HEALTH DEPARTMENT 52 11854 Registered No\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ELMER HOFFMAN OSHUA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B-GOUNTY... before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5. SMALLWOOD BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs Mos. 5. SMALLWOOD c. Length of stay in Baltimore Days on should be clearly and l 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE (MARRIED.) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. · Married . 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information peditie IJO. ARYLAND SA death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Jo 16. SOCIAL 17. INFORMANT SOA ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes NO ELMER HOFFMAN INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK 1952 to 12 - 28 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from 10 - 28 PLEASE WRITE correct age is esp deceased alive on 12 -18, 19 2, and that death occurred at 1150 m, from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE OF CEMETERY DR CHEMATOR OCATION (City, town, or county) (State) ON, REMOVAL (Specify) DATE RECEIVED BY 25. PUNERAL DIRECTOR APPRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11855 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MILTIMORF HOSPITAL OR location C. CITY (If outside corporate limits, write RURAL and give Yrs. ADDRESS (If rural, give location) Mos. 60vrs c. Length of stay in Baltimore LEXINGTON Davs should be 5. SEX 7. SINGLE, MARRIED. 6. COLOR OF RACE 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours VIDOWED DIVORCED (Specify RRIEL clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF M. BIRTHELACE (State or foreign country) 12. CITIZEN OF out of working life, even if retired) information s WHAT COUNTRY THER'S NAME 14. MOTHER'S MAIDEN NAME S DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT SECURITY NO causes jo INTERVAL BETWEEN 18. CAUSE OF DEATH and 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 1 MARGIN OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198 MAJOR FINBINGS 20. AUTOPSY mportant. 21A. ACCIDENT WAS ONDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that Lattended the deceased from 17 Nec., 1952, to 27 Dec., 1952, that I last saw the deceased alive on 27 Dec 195 and that death occurred at 1205 An., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PLEASE 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATON (City, town, or county) BALTO. MD It. AUBURN CEM. BURTAT DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR N. CARROLITA VS 150



Negistered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Willio. (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days information should be of death clearly and 6. COLOR OR RACE GLE, MARRIED. 8. DATE OF If Under 1 Year AGE (In years If Under | Year | If Under 24 Hours last birthday) | Months; Days | Hours; Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. J. UAL OCCUPATION (Give kind of 108. KUND OF BUSINESS OR 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF uring most of working life, even if retired) INDUSTRY WHAT COUNTRY? unkine 115. A. 13. ATHER'S NAME 15. WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL no. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERā ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from 12-24-1952 to 12 - 26 - , 1952 that I last saw the deceased alive on 12-26: 1932 and that death occurred at 350 Am., from the causes and on the date stated above. PLEASE WRITE correct age is esp JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

RESERVED



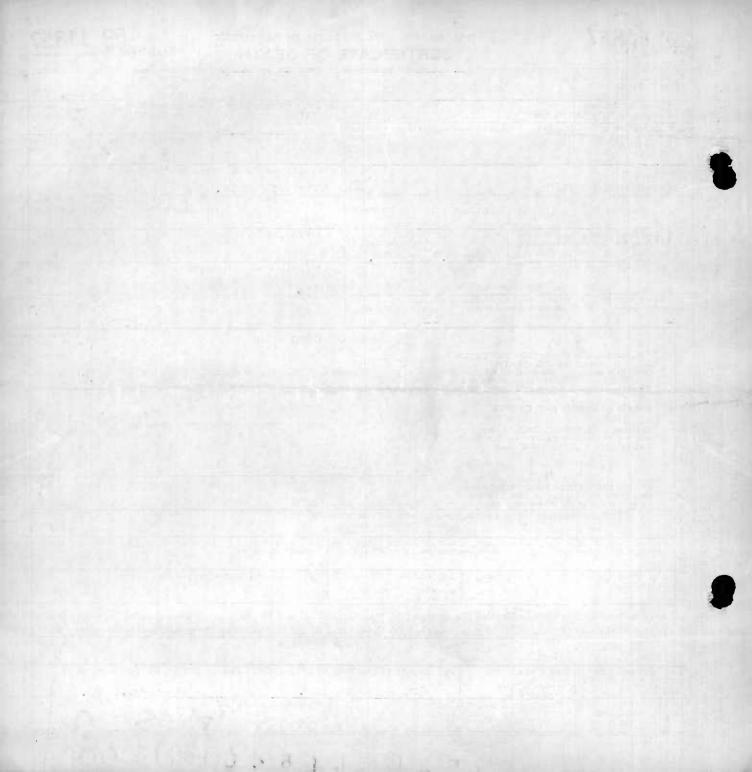
lly supplied. The

MARGIN RESERVED FOR BINDING

2	2 11857	BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	52 Registered No.	11857
1.	NAME OF DECEASED			2. DATE	
(T;	'ype or Print)	A Adams		DEATH Dece	mber 27,1952
3.	Baltimore City, Maryland	2	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	titution : residence before admission
В.	FULL NAME OF (If not in hospita	al or institution, give street address or	Maryland		2
IN	OSPITAL OR ISTITUTION	location)	c. CITY OR TOWN	outside corporate limits,	te BURAL and give
1	The Crundry Sav	nitatuum	Baltimit		
0		Yrs. Mos.		rural, give-location)	
	Length of stay in Baltimore  SEX [6.COLOR OR RACE]	7. SINGLE, MARRIED,	Greenway Apts.	9. AGE (In years   11 Und	er I Year   II Under 24 Hours
0.	F white	WIDOWED, DIVORCED (Specify)		last birthday) Month	B Days Hours Min.
10	A. USUAL OCCUPATION (Givekind of	wid twed	11. BIRTHPLACE (State or fo	raign country)	CITIZEN OF
work done during most of working life, even if retired)		INDUSTRY	M dev la-	1	WHAT COUNTRY
13	Secretary	John C. Legg Co.	14. MOTHER'S MAIDEN NA		U.S.A.
		BANKEN			
15	Charles Bru		Eliza Garre		
Yes	s, no or nnknown) (If yes, give war or dates	of eervice) SECURITY NO.	17. INFORMANT		RESS
-		Dia ma-	Jack E. O Conn		1-11 Kd.
	18. /53 X		OF DEATH	Catonsville	ONSET AND DEAT
	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode o heart failure, asthenia, etc. It mea injury or complication which o	f dying, e.g., (A) Metric ns the disease,	lans from careur	n	morition
	ANTECEDENT CAUS	ses o	D 0		
ATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	mon j WOU		Carra years
RTIFICA		(c) Cenar	uia.	••••	will
CERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
-		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	0				YES NO
MEDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
۱ -	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INSORT	m. WHILE AT NOT WHILE			
	22. I hereby certify that I att	ended the deceased from In	13 1952 to D	c. 29 . 1952 t	hat I last saw th
	deceased alive on Dec. 29	7, 1952, and that death occur	rred at 5 2m., from ti	he causes and on the	date stated above
	23A. SIGNATURE		3B. ADDRESS		3c. DATE SIGNED
	V. T.	moly M.D.	the Tunder Squature		12-27-52
TIC	4A. BURIAL, CREMA-24B. DATE ON, REMOVAL (Specify) 12/31/5	24c. NAME OF CEMETE 2 Green Moun	t Cem.		do
D	ATE RECEIVED BY   REGISTRAR'S	SSIGNATURE	25 FUNERAL PIRECTOR	. ( ( ) 1	DORESS

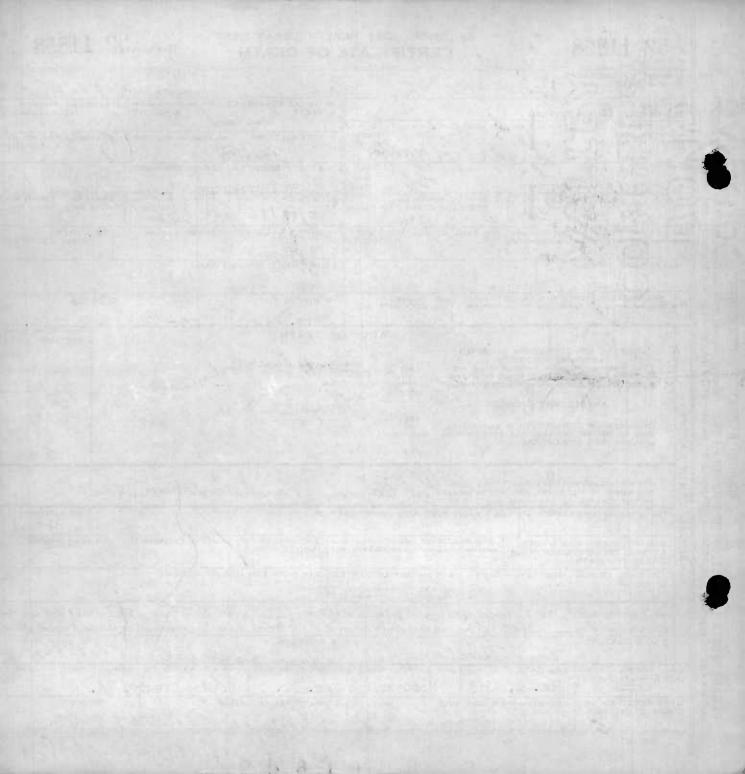
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_	RTH NO.	.000		TE OF DEATH	Register	12.11858
	NAME OF D	DAVIC	E MILLER		2. DATE OF DEATH	2/29/52
A.	Baltimore (	City, Maryland	al or institution, give street address	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE  May Lord  B. COUNTY  before admission		
HC	OSPITAL OR	Lin	ai Hozpital		f outside corporate	mis write RORAL towns
c. Length of stay in Baltimore  Yrs.				o. STREET ADDRESS (If rural, give location)		
_	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Special	8. DATE OF BIRTH	9. AGE (In year	Months Days Hours A
	done during most	CUPATION (Give kind of of working life, even if retired)			foreign country)	12. CITIZEN OF WHAT COUNT
I3. FATHER'S NAME				Maryland 14. MOTHER'S MAIDEN NAME		
			FORCES?   16. SOCIAL	Helen Glaum		ADDRESS
	no			Mrs. Helen Mil	ller - 2703	Presbury St.
ZI			(B)	ferno philes		
⋖∣	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE DUE TO	Hemophilea	0	
ERTIFICA	OTHER S	THE ABOVE CAUSE (A) YING CONDITION LA	TIONS CON-	ra, Rent sh	ufdown,	Shell
AL CERTIFICA	OTHER S TRIBUTING	HE ABOVE CAUSE (A) YING CONDITION LA II GIGNIFICANT CONDI TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CON-		ufdown,	
EDICAL CERTIFICA	OTHER STRIBUTION TO THE DIESE TO THE DIESE TO THE DIESE TREATMENT OF THE DIESE TO T	III III III III III III III III III II	TIONS CON- NOT RELATED LAW. Edlen	eration		20. AUTOPS) YES NO ty, give exact location)
EDICAL CERTIFICA	OTHER STRIBUTION TO THE DISTRIBUTION TO THE DI	III III III III III III III III III II	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bidg (Hour)  21E. INJURY OCCUR WHILE AT NOT WHII	ERATION  , in mr 21c. WHERE DID (INJURY OCCUR?  RED 21F. HOW DID INJUR	If in Baltimore Ci	20. AUTOPS
EDICAL CERTIFICA	OTHER STRIBUTION TO THE DISTANCE OF INJURY	HE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION  DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bidg (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE ended the deceased from	in nr 21c. WHERE DID (INJURY OCCUR?  RED 21F. HOW DID INJUR  12/26, 1957 to	If in Baltimore Ci	20. AUTOPS YES NO ty, give exact location)
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D  19A. DATE (  21A. ACCIL LYING OCAUSE OF  21D. TIME OF INJURY	II SIGNIFICANT CONDITION LA STOTHE DEATH, BUT DESCRIBE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year) Or certify that I att	TIONS CON- NOT RELATED  21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bild.  (Hour)  21E. INJURY OCCUR  WHILE AT NOT WHILE WHILE AT NOT WHILE Ended the deceased from  7, 1952. and that death occ	in nr 21c. WHERE DID (INJURY OCCUR?  RED 21F. HOW DID INJUR  12/26, 1957 to	If in Baltimore Ci	yes No ty, give exact location)  95 Z, that I last sau n the date stated ab
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DESCRIPTION OF INJURY  21A. ACCID LYING OF INJURY  22. I hereby deceased a 23A. SIGNA	II SIGNIFICANT CONDITION LA STOTHE DEATH, BUT DESTAND OF OPERATION 1 DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year) TURE  CREMA- 24B, DATE  CREMA- 24B, DATE	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bid (Hour) WHILE AT NOT WHILE WHORK  Tended the deceased from The street of th	RED 21F. HOW DID INJUR  21F. HOW DID INJUR  22 6 , 195 2 to  23B. ADDRESS  TERY OR CREMATORY 246. L	If in Baltimore City OCCUR?  12/29, 1 the causes and o	yes No  ty, give exact location)  \$\frac{2}{2}, \text{ that } I \text{ last saw} \\  the date stated ab  23c. DATE SIGN  23c. DATE SIGN  23c. DATE SIGN  (State of the date of the date)  (State of the date of the date of the date)
DA	OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY  22. I hereb deceased a 23A. SIGNA	II SIGNIFICANT CONDITION LA SIGNIFICANT CONDITION DE TO THE DEATH, BUT DESCASE OR CONDITION DEPARTMENT OF CONTRIBUTING DEATH  (Month) (Day) (Year)  OUT CORE MA- CORE	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (c. g. about home, farm, factory, street, office bidge in the street of	RED 21F. HOW DID INJUR  21F. HOW DID INJUR  22 6 , 195 2 to  23B. ADDRESS  TERY OR CREMATORY 246. L	If in Baltimore City OCCUR?  12/29, 1 the causes and o	yes Not yes exact location)  95 2, that I last sau the date stated at 23c. DATE SIGN  23c. DATE SIGN  23c. DATE SIGN  23c. DATE SIGN  (St. 22/29/6)

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Registered No. 11859 Dec. 28, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence (If outside corporate linets, write RUIA and give AGE-(In years | If Under I Year last hirthday) | Months; Days II Under 24 Hours Hours Min. 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

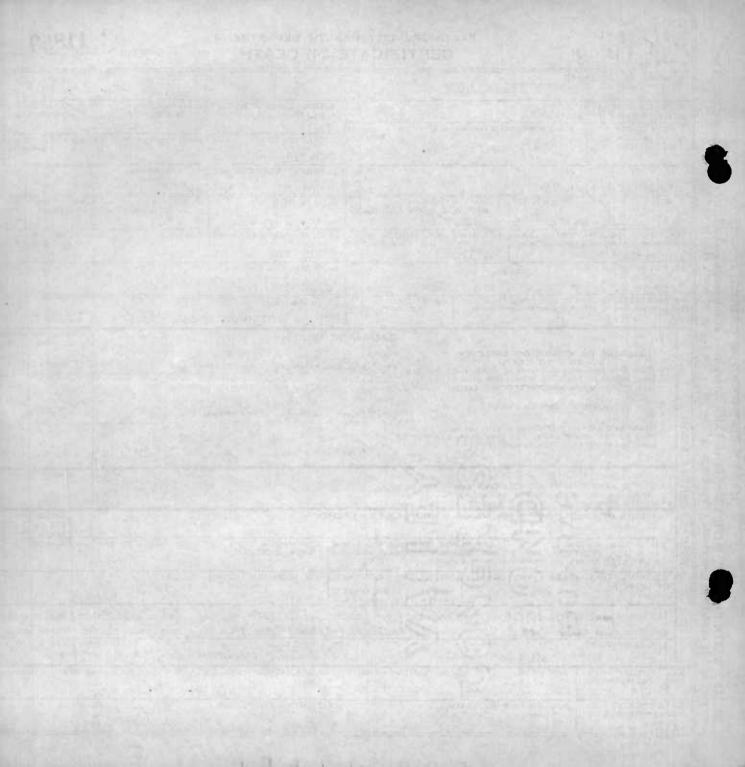
ONSET AND DEATH

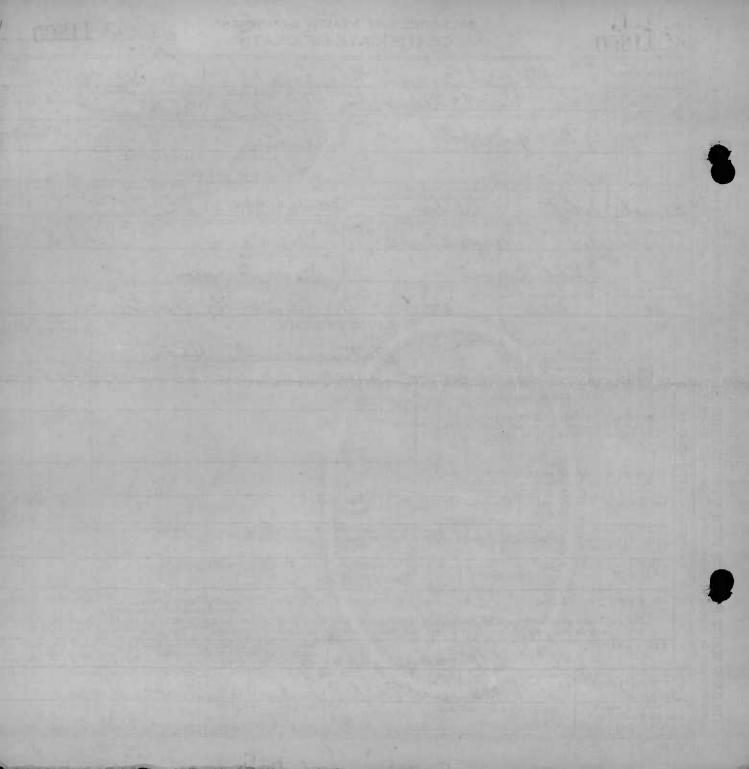
20. AUTOPSY YES (If in Baltimore City, give exact location)

22. I hereby certify that I attended the deceased from June 15, 1952, to See. 28, 1952, that I last saw the deceased alive on the 27 , 1952; and that death occurred at/2:16 Am., from the causes and on the date stated above.

23c. DATE SIGNED 28/5

ADDRESS





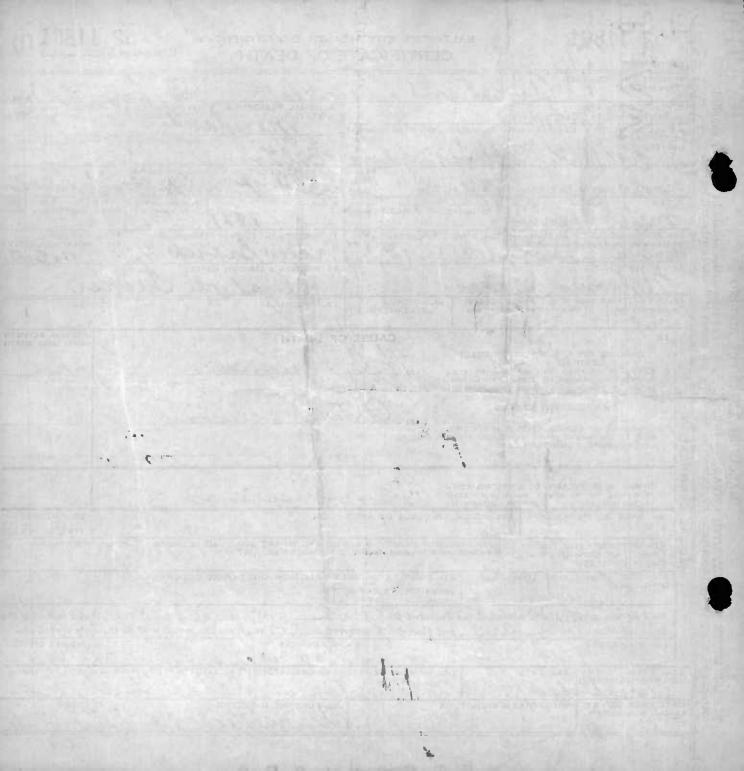
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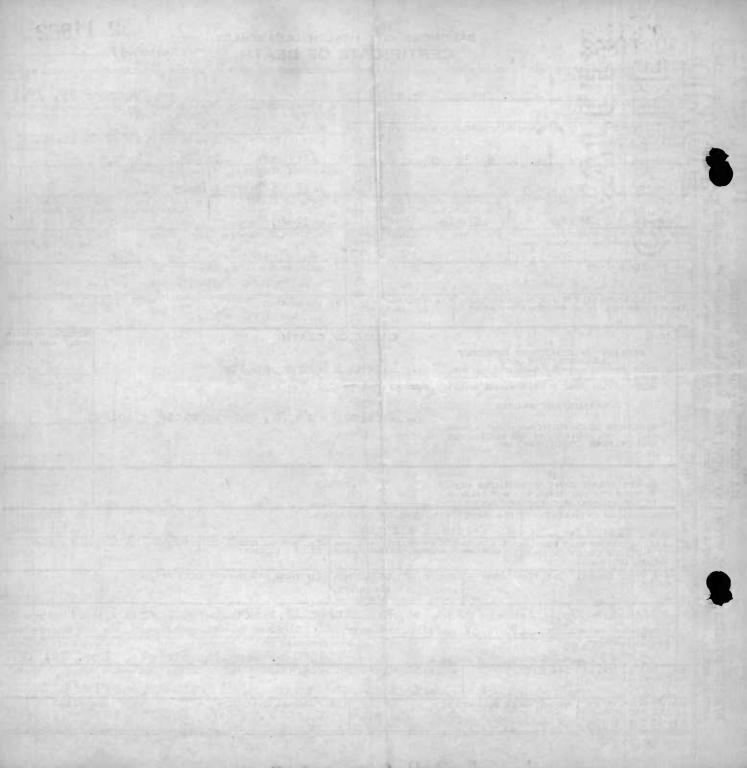
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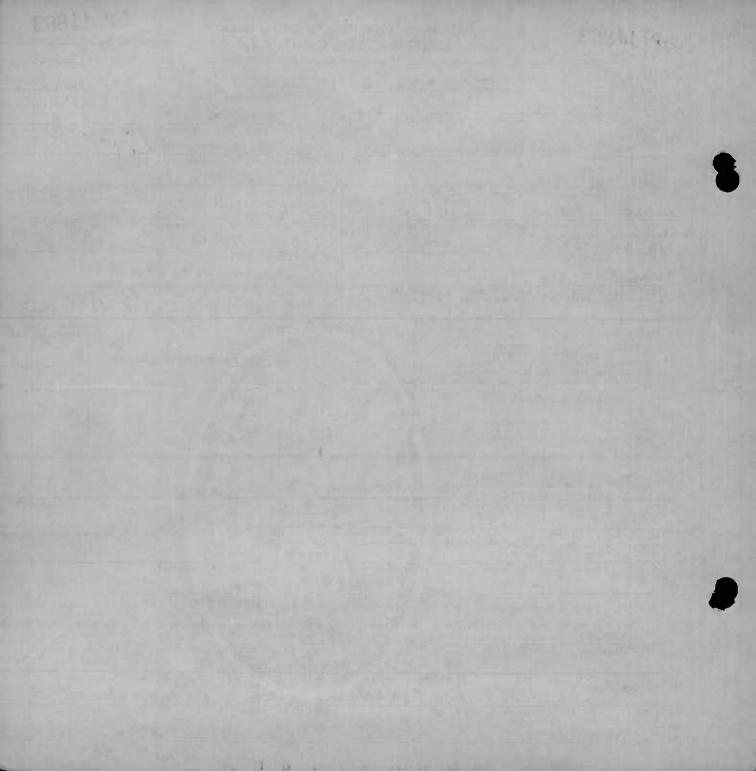
before admission)

20. AUTOPSY

NO X







The T	B	1186 1186	6		EALTH DEPARTMENT	52 Registered No.	11864
		NAME OF D 'ype or Print)	Brid 4e	+ Mary Mc	Groarty	OF 12-2	9-52
supplied.		Baltimore (	EATH: City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If instit B. COUNTY	ution: residence before admission
lly su	H	FULL NAME OSPITAL OR ISTITUTION		or institution, give street address or location	C. CITY OR TOWN (If	outside corporate librits, wei	telle RAL and give
bly.	4	y Ur	non Irlemo	vial Hospital	Daltimore D. STREET ADDRESS (If r	ural, give location)	
legibly			tay in Baltimore	Unknown Mos. Days	4813 Laur	el Ave	
on should be clearly and l		F	W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOWED	8. DATE OF BIRTH Feb 3, 1891	9. AGE (In years H Under last birthday) Months	Days Hours Min.
on sho		k done during most	CUPATION (Give kind of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
natic	13	FATHER'S			14. MOTHER'S MAIDEN NA		
ING orn de	15	Jo h	DEVER IN U. S. ARMED	FORCES?   16. SOCIAL		Kerr	
BINDING of inform uses of dec	(Ye	e, no or naknown)	(If yes, give war or dates of	of service) SECURITY NO.	Mrs. Mary Lutz.	4813 Laurel Av	
1		18. 420	I and Ego	3.0 CAUSE	OF DEATH		INTERVAL BETWEEN
RVED FO Every its write the		(This does heart failt	SE OR CONDITION E LEADING TO DEAT inct mean the mode of tre, asthenia, etc. It mean complication which ca	dying, e.g., (A) Consist the disease, used death.)	many artery	occtorion	Sudden
MARGIN RESE UNFADING INK. Physicians: please	IFICATION	RISE TO T	S OR CONDITIONS, IF THE ABOVE CAUSE (A) : YING CONDITION LAS	ANY, GIVING	cert	generalized  IFICATION APPROVE	20 ys.
	CERT	TRIBUTING	GIGNIFICANT CONDIT TO THE DEATH, BUT N ISEASE OR CONDITION	CAUSING IT. Hacture	simple, femulie	F OR ASSY MEDICAL EXAMINATION	20. AUTOPSY?
WITH rtant.	CAL	12/2	4/52 /	Fracture H. Se	mur.		YES NO L
LY, WITH	MEDIC	PILM AC	Specify) (Month) (Day) (Year) (	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.  Hour)   21E. INJURY OCCURF	injury occur? Lau	in Baltimore City, give of Ave.	xact location)
TILY		OF INJURY	2/24/52 5	P m. WHILE AT NOT WHILE	Pt. Sellast h	ome.	
ITE P. especia		22. I hereb	y certify that I atte	nded the deceased from	2/24 , 1952, to 12	/29 , 1952, th	at I last saw th
WRITE ge is esp		deceased a	live on $12/29$	, 19.52, and that death occu	rred at <b>6:00 H</b> m., from th	e causes and on the do	ate stated above
WR]		R. B	· Caraer	ran On M.D.	d.m. Homi	tel 2	9 Lac 52
SE ag	Z TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	24c. NAME OF CEMETI		OCATION (City, town, or co	ounty) (State)
PLEASE W	-	Burial	Dec. 31.	1952 Lorraine O	emetery Balt	imore, Md.	DRESS
PL		OCAL REGIST		ingion Villeaus, My	6. Vernon Lemma		ts. Ave.

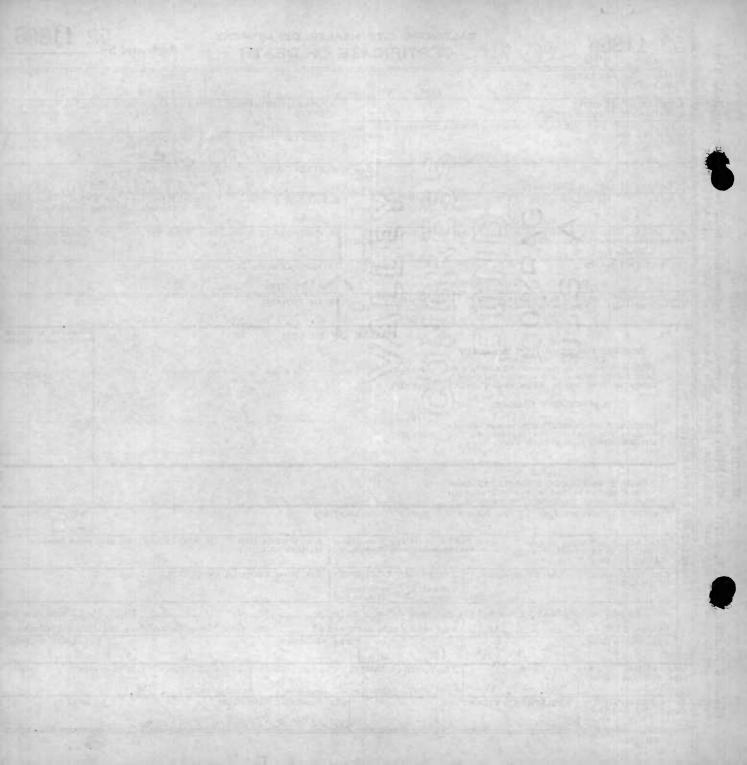
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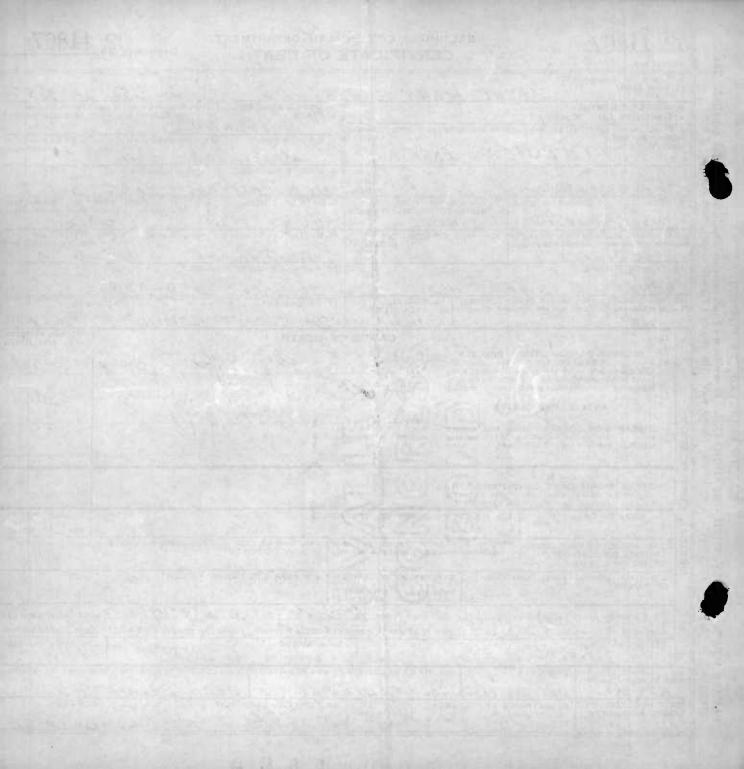
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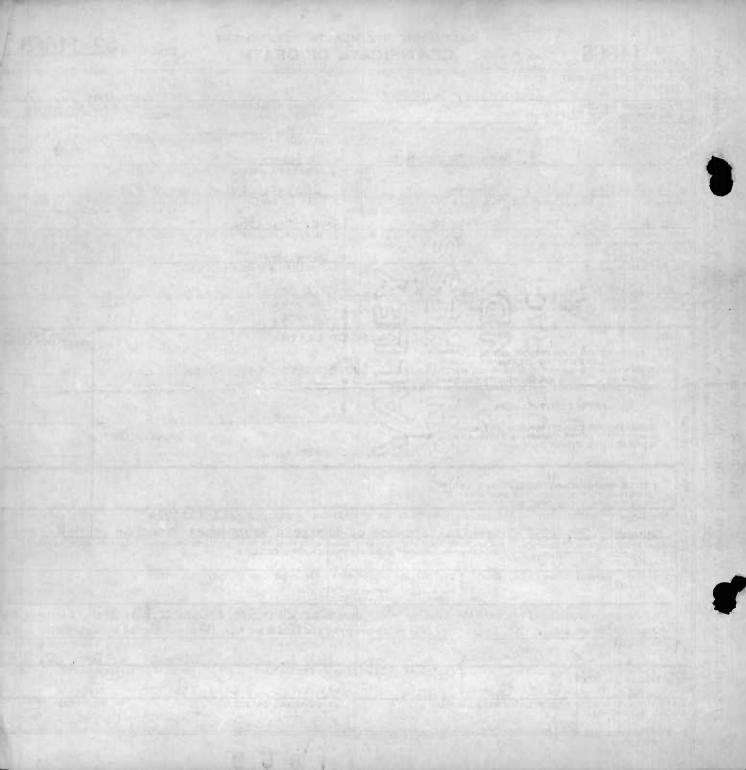
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H 1	BIRTH NO. 32 -2967 CERTIFICATE  NAME OF DECEASED Type or Print)	2. DATE					
	B. PLACE OF DEATH:  A. Baltimore City, Maryland	eph Cress) DEATH 279187  4. USUAL RESIDENCE (Where deceased lived, If institution: residual state of the country before admitted to the country before a country and the country before a country before a country before a country and the country and the country and the country before a country and country before a country before a country before a country and country and country a country and country and country and country a country and country a country and country a country and country a country a country a country and country a country and country a country a country a country and country a country a country a country and country a country a country a country a country and country a count					
,    Н	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NOTITUTION	C. CITY OR TOWN (If outside corporate mits write RURAL a					
legibra	Yrs.  Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)					
and and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under					
N 02 MOI	OA. USUAL OCCUPATION (Give kind of rek done during most of working life, even if retired)  Infant	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COU					
ati	John Joseph Cress	14. MOTHER'S MAIDEN NAME Elizabeth Emma Engel					
em of inform causes of dea	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of cervice) SECURITY NO.	17. INFORMANT ADDRESS  J. J. Cress. 4114 Reisterstown Rd.					
UNFADING INK. Every item Physicians: please write the car CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	hroblashsis Fetalis	UTOPSY?				
	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOI	PSY1				
LY, WITH important.		yes	NO [				
LY, impo	CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  m. WHILE AT NOT WHILE AT WORK		and give which which which which will be seen to be a seen to be above				
апу	22. I hereby certify that I attended the deceased from 1210, 1951, to 17/79, 1952 to deceased alive on 12/29, 1952, and that death occurred at 100 m., from the causes and on the						
WRITE P	22. I hereby certify that I attended the deceased from 12 deceased alive on 12 29, 1952, and that death occur	rred at 1000 m., from the causes and on the date stated	above				

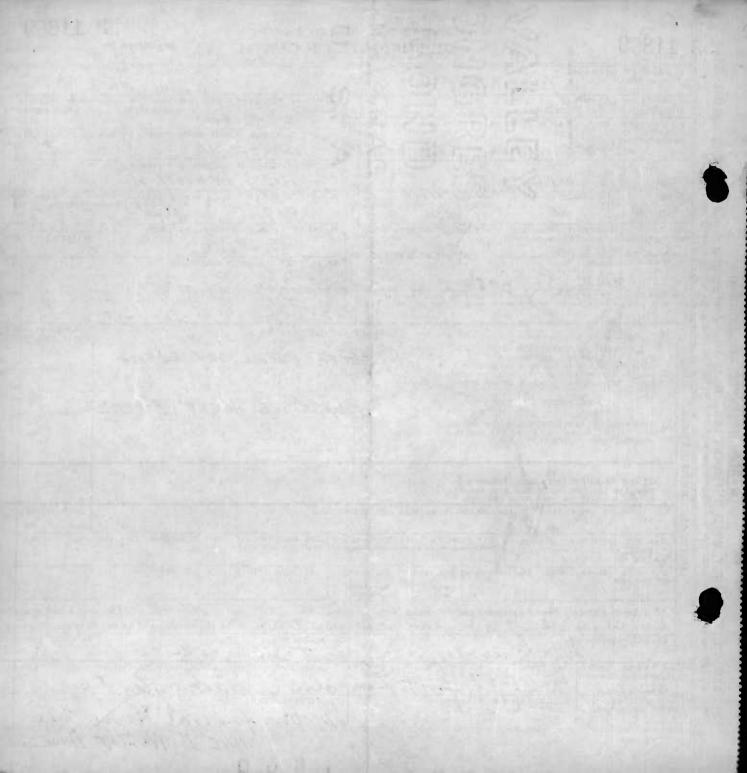


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5	Ві	14000	E OF DEATH	52 Registered No	11869			
RESERVED FOR BINDING Information should efully supplied. The please write the causes of death clearly and recolly.	1. (T	NAME OF DECEASED Type or Print)  WILLIAM SOF-SOS		2. DATE OF DEATH	28,1982			
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W. A. STATE	here deceased lived. If insti-	tution: residence before admission)			
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		outside corporate limits, wr	ite RURAL and give			
	4	South Bartmone GEN. NOSPITA Yrs.	D. STREET ADDRESS (If r	ural, give location)				
		Length of stay in Baltimore Mos.  Days		NOVER ST.				
uld y and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	MAY	9. AGE (In years last birthday) Months				
CD3	10 work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  R. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?			
r ath	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME				
ING f de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Stella Car	vacos				
f ind	(Ye	a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	West 141	4-S- HODR	ess			
RESERVED FO INK. Every ite	IFICATION	CO (C)						
MA UNF Phys	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
Н.	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		YES NO			
	IEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,		f in Baltimore City, give	exact location)			
INLY, impo	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?				
PE s	correct age is es, important. Physicians: please write the causes of the	22. I hereby certify that I attended the deceased from deceased alive on DEC H, 1912 and that death occu	NEC 35, 1912, to rred at 7:45 m., from th	DEC W, 1912, the causes and on the d				
WRIT re is		W. M. Conway M. D.	South Baltimore	Level Hosp	C. DATE SIGNED			
ASE ect ag	710	14a. BURIAL. CREMA- 24B. DATE ON REMOVAL (Specify) 12-31-52 First Fine.	colm Was	huster D	ounty) (State)			
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE.	LAMBYOT func	ral Home	DRESS			
		VS 150	1 9 440	E. North	Awe.			

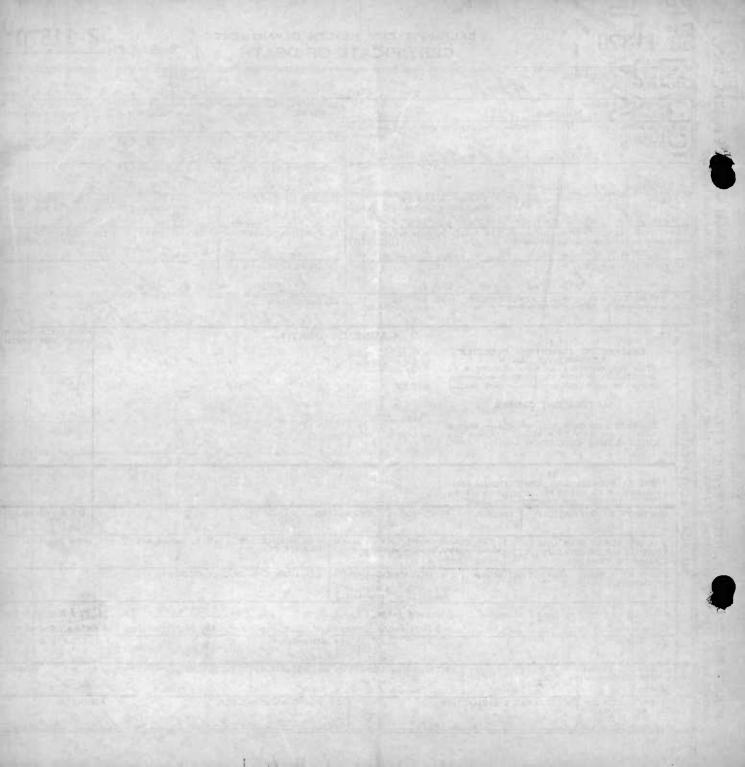


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	DA	2 11870	CERTIFICATI	E OF DEATH	Registered N	OF TION
The	В	IRTH NO.	CERTIFICATI	E OF DEATH		
	1. (T	NAME OF DECEASED Type or Print)  Nora	Wand		2. DATE OF Z/2	4/52
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If i	institution: residence before admission)
N N	H	FULL NAME OF (If not in hospital or institu	location)	c. CITY OR TOWN (If	outside corporate dimits	, write RUEAL and give
Ully.		1506 8. FE		134	Sto. 1	township)
legibiy		Tanadh - 8 - dan ta Dalata.	Yrs. Mos.	1 1 0	rural, give location	7 -+
be le		Length of stay in Baltimore  SEX [6.COLOR OR RACE   7. STROB	Days Days	306 C,	9. AGE (In years)	Under 1 Year   II Under 24 Hours
should larly an		Finale White Will	WED, DIVORGED Greetly)	9/23/1867	last birthday) Mor	nths Days Hours Min.
0	wor.	A. USUAL OCCUPATION (Givekind of k done during most of working life even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
tion h	13	B. FATHER'S NAME	UN ITUME	14. MOTHER'S MAIDEN N		
information s of death cl			MED	mary n	lannion	
f infe	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Theodors 4.	Winter 7	rderal St.
em of i		18. / 10 X	CAUSE	OF DEATH		INTERVAL BETWEEN
y item		DISEASE OR CONDITION DIRECTLY			Charle of	
try e		(This does not mean the mode of dying, e.	E., (A)	1(1 mom a of	17401	2 tjeus
Every write th		heart failure, asthonia, etc. It moans the discs injury or complication which caused doa	th.) DUE TO	ith me to sta	ses -	
1		ANTECEDENT CAUSES				
INK.	NO	DISEASES OR CONDITIONS, IF ANY, GIV.	(B)		••••••	
Did.	F	RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.				
INC PIS:	S	CHELLET HO CONDITION EXST.	(C)	***************************************	***************************************	
ADING icians:	TIFICA					
UNFADING Physicians:	ERI	OTHER SIGNIFICANT CONDITIONS CO				
Pag	Ü	TO THE DISEASE OR CONDITION CAUSING	IT			
H	1	19a. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH rtant.	DICA	21A. ACCIDENT WAS UNDER- 21B. PL	ACE OF INJURY (e. g., is	or 21c. WHERE DID (	If in Baltimore City, g	1120
-	<u>B</u>	LYING OR CONTRIBUTING about home	e, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		
LY, impo	Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
14		OF INJURY	WHILE AT NOT WHILE			
P		m.	WORK LAT WORK	21-1-1-1	Den 79 108	26
9		deceased alive on 12/27, 1957	e deceased from Lac and that death occur	1) 11/5		, that I last saw the e date stated above.
II		23A. SIGNATURE	·	3B. ADDRESS	ne causes and on th	23c. DATE SIGNED
WRITE e is est		Sol Smith	м. D.	1223 2. NO	in me	12/30/52
en.	2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
AS		Burial 1952	Cathe	drak	Bulto.	ned.
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	10 10 015	ADDRESS

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UNFADING Physicians: p

PLEASE WRITE Procorrect age is especially

item he cav

BINDING

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

20. AUTOPSY

YES

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	LILLIE MAE COBBS		2. DATE OF DEATH	December		195
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Wh	ere deceased	lived. If institution	on : resi	dence

A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give

INSTITUTION 2032 Edmondson Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs.

Mos. 2032 Edmondson Avenue c. Length of stay in Baltimore Davs 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. female white Married About 1885 About 67 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Char Woman - Ret WHAT COUNTRY?

Baltimore, Maryland

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Minnick Emma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, uo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, uo or unknown) SECURITY NO

Baltimore City

William H. Gerlack, 606 N. Payson Street INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

UNDERLYING CONDITION LAST.

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

(C)

21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

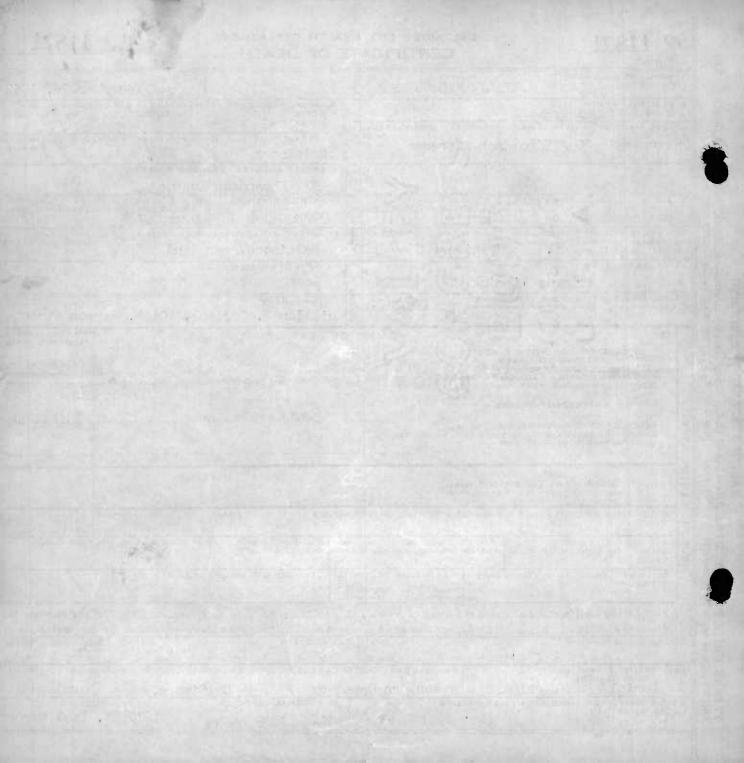
WORK AT WORK 22. I hereby certify that I attended the deceased from 9 -1951, to ( > , 1954 that I last saw the 5 Am., from the causes and on the date stated above. deceased alive on 1712 8 1952 and that death occurred at\_

23A. SIGNATURES 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)

burial Western Cemetery Maryland Baltimore. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 1217 St. Paul Street

VS 150

OF INJURY



# BALTIMORE CITY HEALTH DEPARTMENT

52 11872

	IRTH NO.			CERTIF	ICATE	E OF DEAT	Н	Regi	stered No	0	
(T	NAME OF D Type or Print)	6	'lla	C. 1	Lem	per		2. DATE OF DEATH	دھ	e, 28	,1952
Α.		City, Maryland	Th	al		A. STATE	ENCE (Who	ere decease			sidence admission)
He	FULL NAME OSPITAL OR ISTITUTION		Pital or Institu	tion, give street	address or location)	c. CITY OR TOWN	(If ou	itside corpo	rate limit.	write RURA	L nnd give township)
		tay in Baltimore			Yrs. Mos. Days	572	0 Pi	ral, give loo	4 0	d	
4	SEX	6. COLOR OR RAC		E. MARRIED. WED, DIVORCE	D (Specify)	5-1-187	Q	9. AGE (In last birt)	hday) Mon	Inder I Year If the Days H	Under 24 Hours ours Min.
1C worl	k done during most	CUPATION (Give kind of working life, even if retire	lof 10B. KIN	D OF BUSINE	SS OR NDUSTRY	Baltimore	State or fore	ign country	rd.	12. CITIZEN WHAT C	OF COUNTRY?
	Con	it has	nder	ur		Sarah	Biggs	1EU			
15 (Ye	. WAS DECEAS , ao or unknown)	ED EVER IN U.S. ARM (If yes, give war or d	ED FORCES?	16. SOCIAL SECURI		17. INFORMANT JOHNS	HOPKIN	S HOSP	ITAL AD	DRESS	
		010			CAUSE	OF DEATH					BETWEEN ND DEATH
	(This does	SE OR CONDITION LEADING TO DE not mean the mod- ire, asthenia, etc. It m complication which	ATH e of dying, e. leans the disea	g., (A)	Ure	lmia	***********	•••••••	***************************************	1-241	15 -
Z		ANTECEDENT CA	USES	(B)	arterio	alouses, gen	erslejed				(<**:**************************
CATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (A YING CONDITION	A) STATING T	HE DUE TO		0		••••••	• • • • • • • • • • • • • • • • • • • •		
CERTIFICA	TRIBUTING	II SIGNIFICANT CON S TO THE OEATH, BU	T NOT RELAT	EO Com	estive	Ht. Farling	1° to 1	В.			
L	19A. DATE C	OF OPERATION	19B. MAJQF	FINDINGS	OF OPER	ATION				20. AU	57
EDICA		ENT WAS UNDER R CONTRIBUTING DEATH		AGE OF INJU	RY (e. g., is	or 210 WHERE D		in Baltimo	re City, gi	ve exact loca	ation)
Σ	21D. TIME OF INJURY	(Month) (Day) (Yes	ar) (Hour)	21E. INJURY WHILE AT WORK	OCCURRE NOT WHILE	21F. HOW DIE	YRULMI	OCCUR?			
	22. I hereb	y certify that I o	ttended the	deceased fr	om_13		, to	7 98	_, 19 <b>5</b> 2,	that I las	t saw the
	deceased a		100	and that dec	'2	red at 9.36 Pm. 3B. ADDRESS JOHNS H			1	23c. DATE	
24 TIO	4A. BURIAL, ON, REMOVAL (S Buria		1/5 3-	24c. NAME OF	0.	RY OR CREMATORY	240, LOC		ity, town, o	r county)	(State)
	ATE RECEIVE	D BY L REGISTRA	R'S SIGNAT			25. FUNERAL DIR		FIE		ADDRESS	001

S. (8,10) When have gently Competite the factions It to the to a second

Sammapa- action St. 1 THE RESIDENCE OF THE 

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before admission)

It Under 24 Hours

12. CITIZEN OF WHAT COUNTRY

ONSET AND DEATH

20. AUTOPSY?

23c, DATE SIGNED

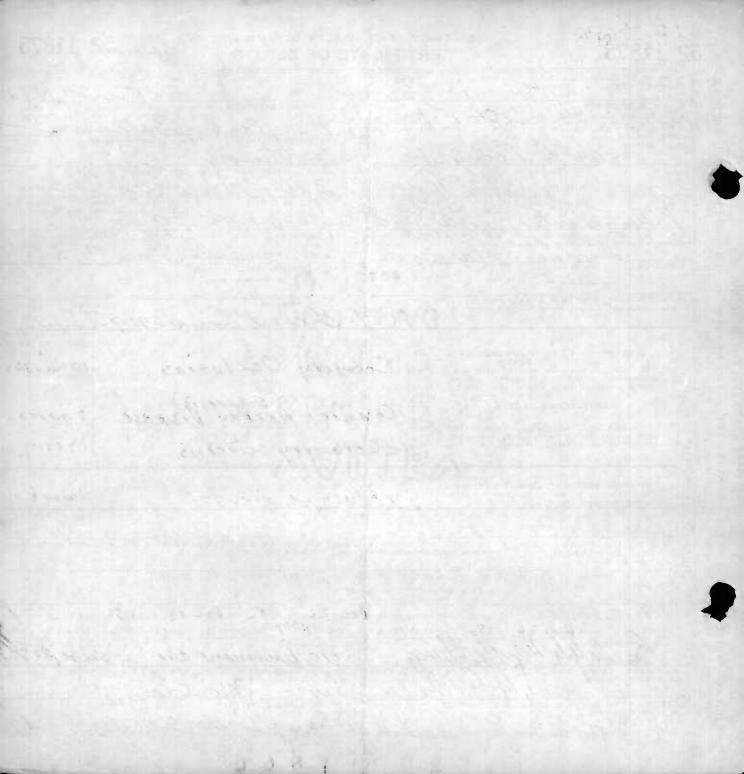
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11875 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution A. Baltimore City, Maryland B. COUNTY\_ before admission) (If not in hospital or institution, give speet address or B. FULL NAME OF Factumera HOSPITAL OR location C. CITY-OR OWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (M rural give ocation Mos. c. Length of stay in Baltimore Cityout 10 Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED DWORCED (Specify) 9. AGE (in years | ff Under | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours | Min. If Under 1 Year 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY esman ware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. of 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Corondry 10 minules (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Vegry DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Coronary scteresis 7 years OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 1 week TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1952 to Dec 29 22. I hereby certify that I attended the deceased from Dec 26 \_, 1954 that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 1:300 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Jacomoul aut 24A. BURIAL, CREMA DATE RECEIVED BY VREGISTAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



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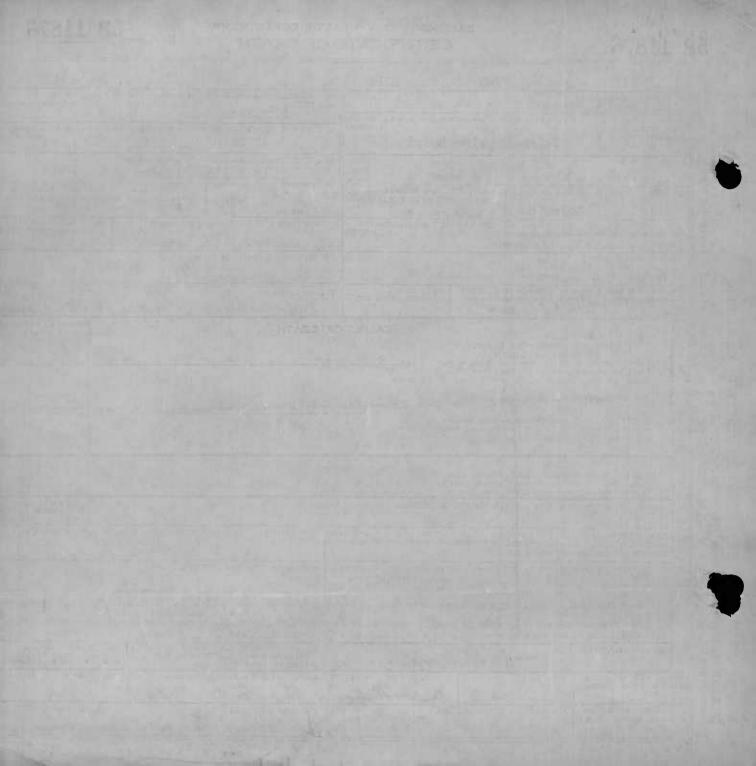
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

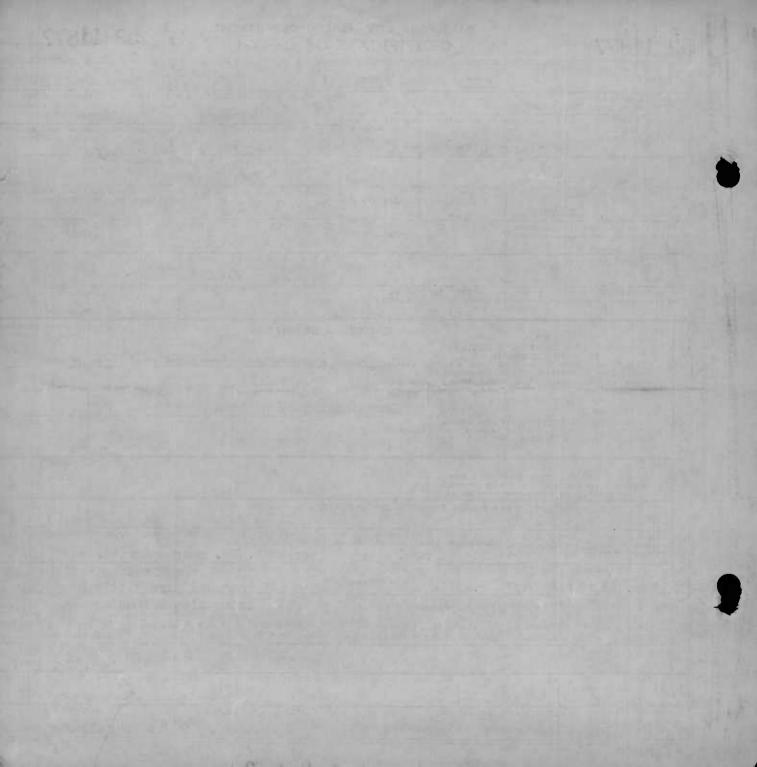
Registered No. 11876

BIRTH NO!	O	CE	KIIIICAI	L OI DEATH		
	DECEASED	miles in C	21122		2. DATE OF Dee	2050
(1) pe or 11.		THOMAS	BYRD		DEATH Dec.	
3. PLACE O	F DEATH: e City, Maryland			4. USUAL RESIDENCE (V	here deceased lived. If i	nstitution : residence before admissio
B. FULL NA	ME OF (If not in hos	spital or institution, g	ive street address or location)		outside corporate fimits	waite B TRAL and wi
STITUTIO	M	Hopkins Ho	spital	Baltimore	5-	Of townshi
		-	Yrs.	D. STREET ADDRESS (If	rural, give location)	
. Length	of stay in Baltimore	36 ypro	Mos. Days	1218 Edyth	e Street	
5. SEX	6. COLOR OR RAG		RRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mon	Under I Year If Under 24 Hours Min
Male	Colored	Llerie		July 27, 18 98	54	
rk done during	OCCUPATION (Give kin most of working life, even it of	dof 10B. KIND OF	INDUSTR	11. BIRTHPLACE (State or fo	10 12	12. CITIZEN OF WHAT COUNTR
3. FATHER	iplorged Jal	man /		14. MOTHER'S MAIDEN N		
	known		Jen	alla	7	
	EASED EVER IN U. S. AR	MED FORCES?   16.	SOCIAL	17. INFORMANT	00 AT	DDRESS
os, no or uukn	(If yes, give war or	dates of service)	SECURITY NO.	al dolphous		833 Orlean
Que 1	's in	w. / !	CALIGR	on and	to de	INTERVAL BETWE
18. 4	13% 1		CAUSE	OF DEATH		DNSET AND DEA
ום	EASE OR CONDITION	N DIRECTLY				
(This	does not mean the mo	de of dying, e.g.,	(A)Hyper	tensive cardiovas	cular disease	*******
heart	failure, asthenia, etc. It or complication which	means the disease, the caused death.)	DUE TO			
	ANTECEDENT CA	AUSES				
	ARTECEDENT OF	10020	(B)			
DISE	ASES OR CONDITION		DUE TO			
וסאט	RLYING CONDITION	LAST.		***************************************		
					***************************************	
DISE RISE UNDI	R SIGNIFICANT CO	NDITIONS CON.				A EPITA II
TRIBL	TING TO THE DEATH, B	UT NOT RELATED				Edward St.
-	E DISEASE DR CONDIT	198, MAJOR FIN	DINGS OF OPER	RATION		20. AUTOPSY
1 130. 50	L OI OI LIVATION	102, 1110011 1111				YES NO
	ERNAL CAUSE WAS		OF INJURY (e. g.,		f in Baltimore City, g	ive exact location)
I DETENDED	YING TO CONTRI		ctory, street, office bldg.,	otc.) INJURY OCCUR?		
	E (Month) (Day) (Ye		INJURY OCCURR	ED 21F, HOW DID INJUR	OCCUR?	
OF INJU	RY	WHILE	AT NOT WHILE			
22.7	and the state of t	m.   wort		Land Lalla inches	ation & inout	<b>W</b>
				above, held aninspec	inspection or Inquiry	
the	evidence obtained	by said Autopsy,	Inspection or	Inquiry, find that said d	eceased died on the	e day stated abo
	NATURE	on resulted from	: natural cause	8 X, accident , suicide		c. DATE SIGNED
23A. SIC	MATURE	XXXX	Naca	ASSISTANT MEDICAL  I.D. MEDICAL INVESTIGAT	EXAMINER	ec. 29, 1952
24A. BURIA	L. CREMA- 24B. DAT	E   24c,		RY OR CREMATORY   24D. L	OR	
TION, REMOV	AL (Specify)	2/53 8	es Nation	. 1	Buch.	mil
DATE RECE	IVED BY REGISTR	AR'S SIGNATURE	ers / raus,	25. FUNERAL DIRECTOR	2	ADDRESS
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

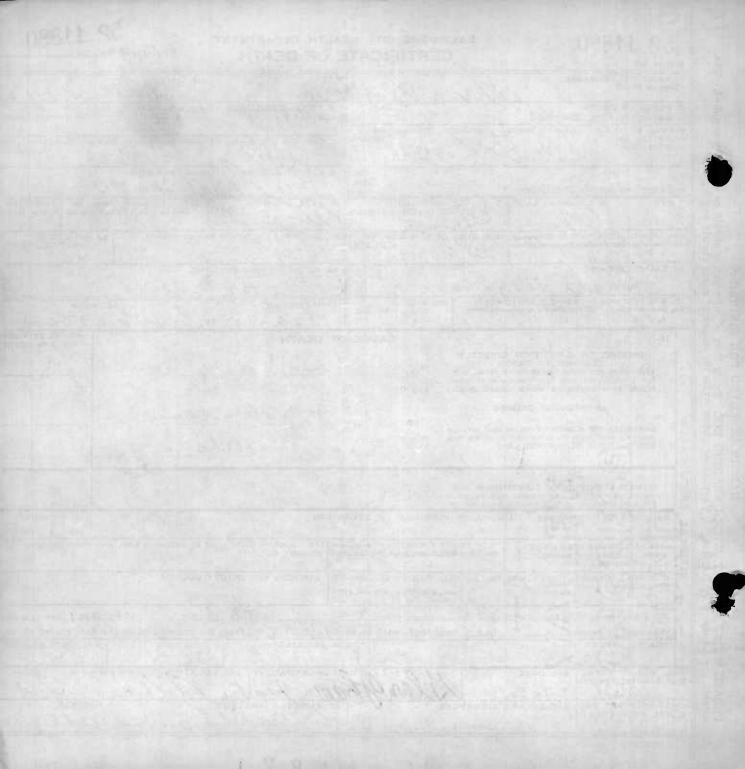
Registered N 1. NAME OF DECEASED OF Dec 30,1952 Henry Louis Frank DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Bakmore C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION (In on Memoral tropolal township) Bellmore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Steroby. Belodere Wel- Charles & Charles c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED It Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. July 28, 1883 Maurece BB. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekindof 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Yeal estate Ballmert real Estate leur. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME horno 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mus Doabell French Same NTERVAL BETWEEN CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Teriscleration had deserve LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 1952 to Dec 30 De 22 22. I hereby certify that I attended the deceased from\_ . 195 that I last saw the deceased alive on Dic 30 . 1952, and that death occurred at 9 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA 24B. DATE BURLAL DEC. 31 1952 MARYLAND DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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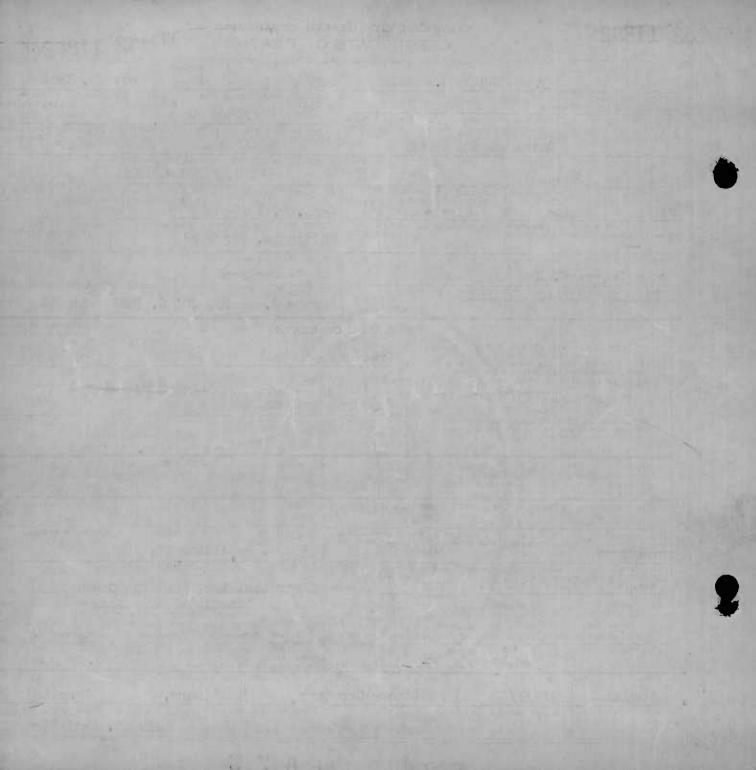
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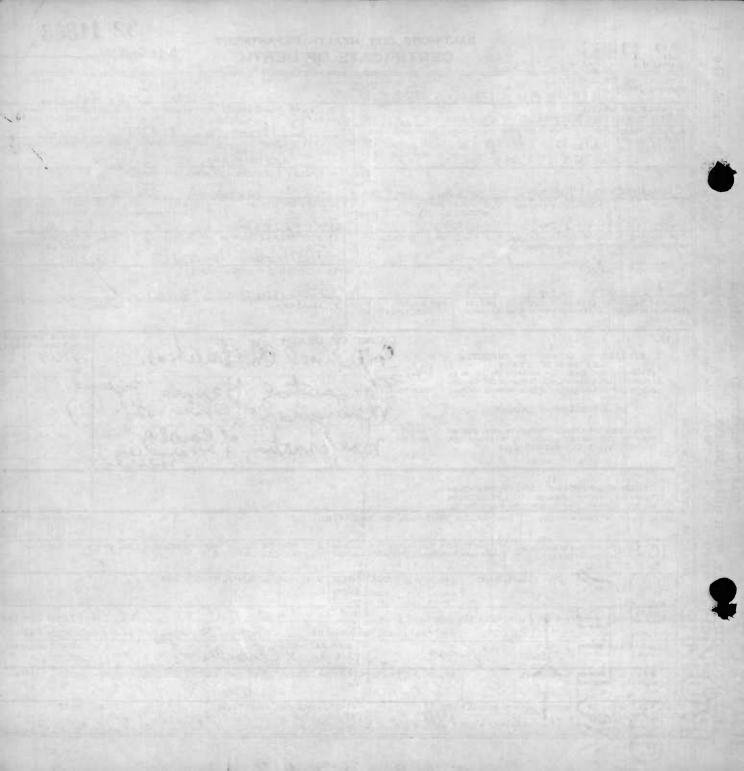
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. rural, give location) ADDRESS Mos. c. Length of stay in Baltimore Days information should be of death clearly and 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. 6. COLORIOR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of work done durity most of working life, even if retired) E (State or foreign country) 10B. KIND BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY deseron 13. KATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no.oc nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. Every item of i INTERVAL BETWEEN 18. CAUSE OF DEATH 443 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK 22. I hereby certify that I attended the deceased from-1948. to. 195 that I last saw the PLEASE WRITE correct age is esp deceased alive on Acc/Y, 195, and that death occurred at Agam, from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Buner DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 43 13 17 1



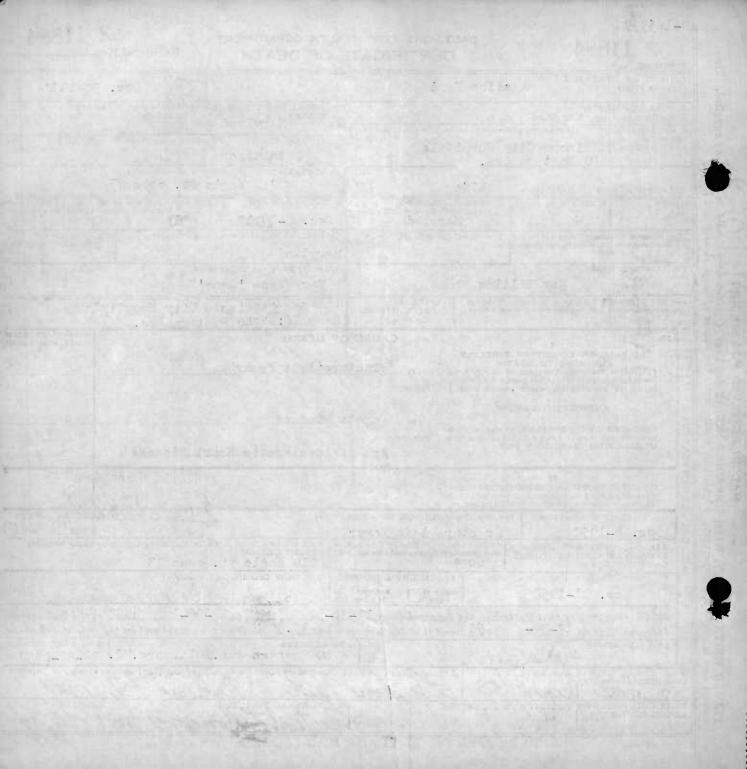
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OVAL (Specify)				<sub>nty)</sub> arylan			
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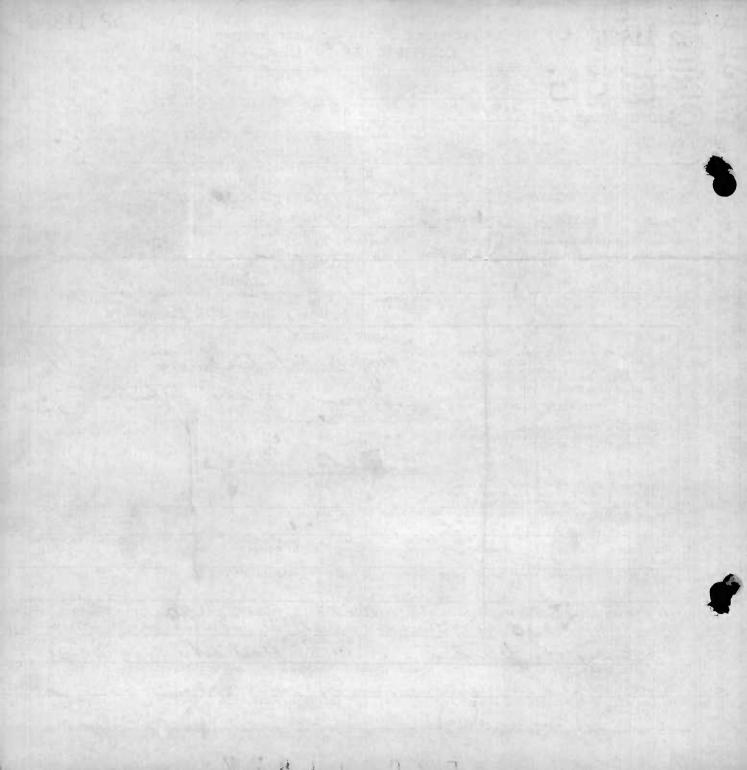
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BALTIMORE CITY HEALTH DEPARTMENT 52, 11.885 52 11885 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OEDS van den Berg Hoffman Dec. 29, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Virginia HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5522 Wayne Avenue Kecoughtan. Va o. STREET ADDRESS (If rural, give location) Yrs. Mos. Veterans Administration Home c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year If Under 24 Hours Last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) single should learly an male white April 1, 1897 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF wark done during most of working life, even if retired INDUSTRY WHAT COUNTRY information s Baltimore. Md. Clerk (invalid 24 vrs Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugene E. Hoffman Bertha van den Berg 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no nr unknnwn) (If yes, give wer nr detes nf service) 16. SOCIAL 17. INFORMANT (Yes, no nr unknown) SECURITY NO. yes causes George A. Hoffman 5522 Wayne Ave. Jo INTERVAL BETWEEN 18. CAUSE OF DEATH item 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUF TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 12-28 192 to /2 - 29 \_\_ , 182 that I last saw the PLEASE WRITE correct age is esp deceased alive on 12-29, 1963, and that death occurred at 1230 km., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 2604 Garrison Blvd. 12-30-52 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248 DATE TION, REMOVAL (Specify) Baltimore, Md. 12-31-52 Burial Govans Presbyterian John O.Mitchell & Sons Inc. - 1900 Eutaw Place DATE RECEIVED BY REGISTRAR'S SIGNATURE Hurtington VS 150

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7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

16. SOCIAL

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198. MAJOR FINDINGS OF OPERATION

108. KIND OF BUSINESS OR

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life

married

Mos.

Davs

INDUSTRY

M100 101

SECURITY NO.

52 11887

9. AGE (In years II Under 1 Year II Under 24 Hours last birthday) Months! Days Hours Min.

ADDRESS

12. CITIZEN OF

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

20. AUTOPSY

Dec 29/ 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

8. DATE OF BIRTH

Jan 17 1890

17. INFORMANT

CAUSE OF DEATH

before admission)

Baltimore D. STREET ADDRESS. (If rural, give location)

Mrs Anna Borchardt 425 N Clinton St

(If outside copporate limits, write RURAL and give township)

Yrs.

11. BIRTHPLACE (State or foreign country)

Baltimore

14. MOTHER'S MAIDEN NAME

Augusta Botzen

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

> 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21c. WHERE DID

AT WORK 22. I hereby certify that I attended the deceased from Q of 195 Vto lee 29, 195 That I last saw the

deceased alive on well 18 19 5 and that death occurred at 10 20 m., from the causes and on the date stated above. 23c. DATE SIGNED

240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY

(If in Baltimore City, give exact location)

Baltimore 25. FUNERAL DIRECTOR ADDRESS

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UNFADING INK. Physicians: please

PLEASE WRITE correct age is esp

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5. SEX

Male

18.

water tender

13. FATHER'S NAME

Jan ] DATE RECEIVED BY LOCAL REGISTRAR

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

47011

6. COLOR OR RACE

White

Henry Borchardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

OF INJURY

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

(Yes, no or unknown) (If yes, give war or dates of service)

24B. DATE

1953

REGISTRAR'S SIGNATURE

Parkwood Cemetery

Ullrich Funeral Home 2004 Orleans St

3. PLACE OF DEATH:

c. Length of stay in Baltimore

work done during most of working life, even if retired)

443 X

none

6. COLOR OF RACE

White

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

Female

13. FATHER'S NAME

(Yes, no or unknown)

18.

5. SEX

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52 11888 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE Anna K. Schirmer DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 2304 E. Fayette St. B. COUNTY before admission) 2304 E. Fayette St. (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 2304 E. Favette St. Days 9. AGE (In years) 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours Min. Widow Nov.13.1875 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Balto. Md. none 14. MOTHER'S MAIDEN NAME ---Spahn 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Francis Schirmer, 2304 E. Fayette St. 31 none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO

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DUE TO (C) ..

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

CAUSE OF DEATH

OF INJURY

21E. INJURY OCCURRED NOT WHILE!

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

- - 0 0 1

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

23A. SIGNATURE

22. I hereby certify that I attended the deceased from March 10, 1939, to Dec; 30, 1952, that I last saw the deceased alive on Dec. 19. 1951, and that death occurred at 2:30 A.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

Balto. Md.

24D. LOCATION (City, town, or eounty)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Jan.2.1953 Holv Redeemer Cem. Burial FUNERAL DIRECTOR

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

21c. WHERE DID

INJURY OCCUR?

2024 Orleans St.31

ADDRESS

20. AUTOPSY

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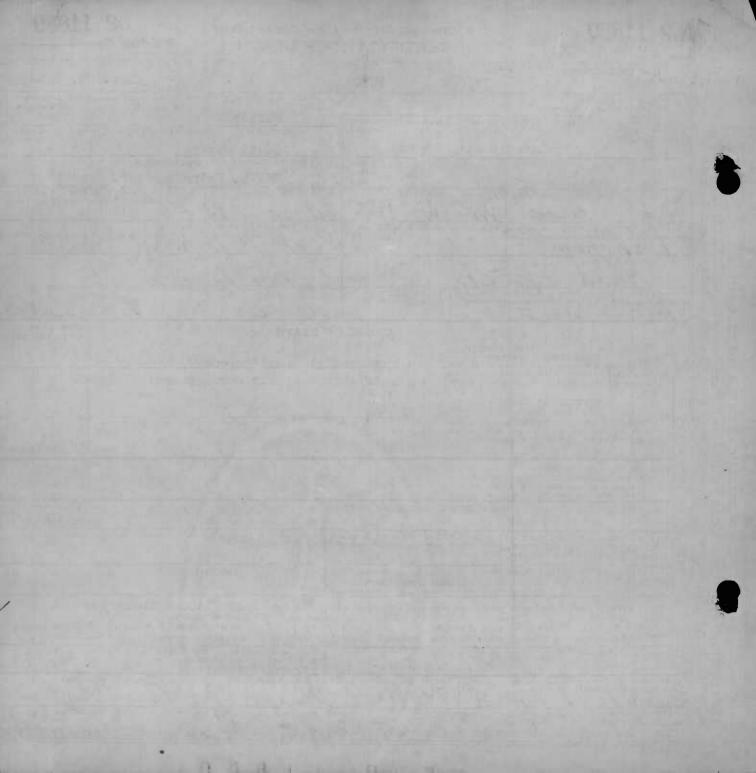
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## BALTIMORE CITY HEALTH DEPARTMENT

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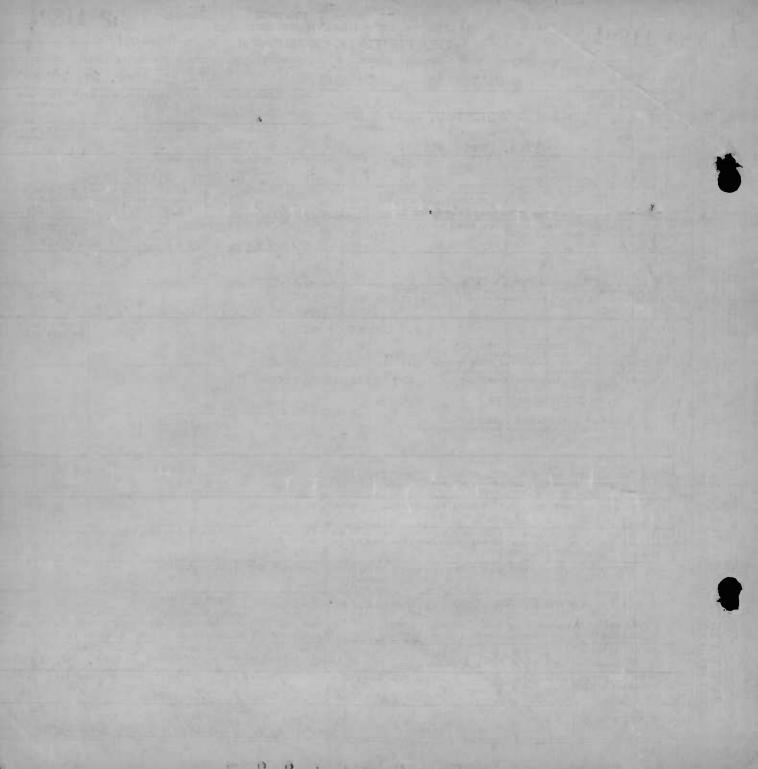
Registered No .\_\_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Dec. 29, 1952 MITIOUS FUTCH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN Baltimore City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 702 W. Fairmount Ave. c. Length of stay in Baltimore Days 9. AGE (In years | Munder | Year | Munder 24 Hours | Inst birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED M Under 24 Hours WIDOWED, DIVORCED (Specify) Male Colored 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTR bonon NAME BUNNUM EVER IN U. S. ARMED FORCES? 15. WAS DECEASED 16. SOCIAL ADDRESS (Yee po or unknown) SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Myocardial insufficiency heart failure, asthenia, etc. It means the disease, DUE TO Arteriosclerotic cardiovascular disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER ...... 23c. DATE SIGNED 23A, SIGNATURE ASSISTANT MEDICAL EXAMINER ... Dec. 29, 1952 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Secify) 24C. NAME OF CEMETERY OF CREMATORY 24a. LOCATIONLIMITY, town 24B. DATE 25. FUNERAL DIRECTOR DATE RECEIVED BY EGISTRAR'S SIGNATURE LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE James Umbles OF Dec. 28-1952 supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Hospitals INSTITUTION Baltimore 4940 Eastern Ave. Yrs. D. STREET ADDRESS (If rural, give location) Mag 42 yrs. 321 N. Poppleton St. zone 2 c. Length of stay in Baltimore Days early and le 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years last birthday) Months Days Hours Min. 5. SEX 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Aug. 3-1883 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) WHAT COUNTRY INDUSTRY information s Virginia Donen 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (D Lizzie Douglas 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or detes of service) 17. INFORMBAILtimore City Hospitadaess 16. SOCIAL (Yes, no or nnknown) SECURITY NO ry item of in Records: 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ... Hypertensive arteriosclerotic Heart LEADING TO DEATH (This does not mean the mode of dying, e.g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p Pemphigus OTHER SIGNIFICANT CONDITIONS CON-Calcific Aortic Stenosis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS WITH LY, WITH important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FE FE especially OF INJURY NOT WHILE! AT WORK WORK , 1952, to 12-28-. 19 52 that I last saw the 22. I hereby certify that I attended the deceased from 10-17-19 52 and that death occurred at 11.20 m from the causes and on the date stated above. PLEASE WRITE correct age is esp deceased alive on 12-28-23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Baltimore, Md. 24A. BURIAL, CREMA-QUON, REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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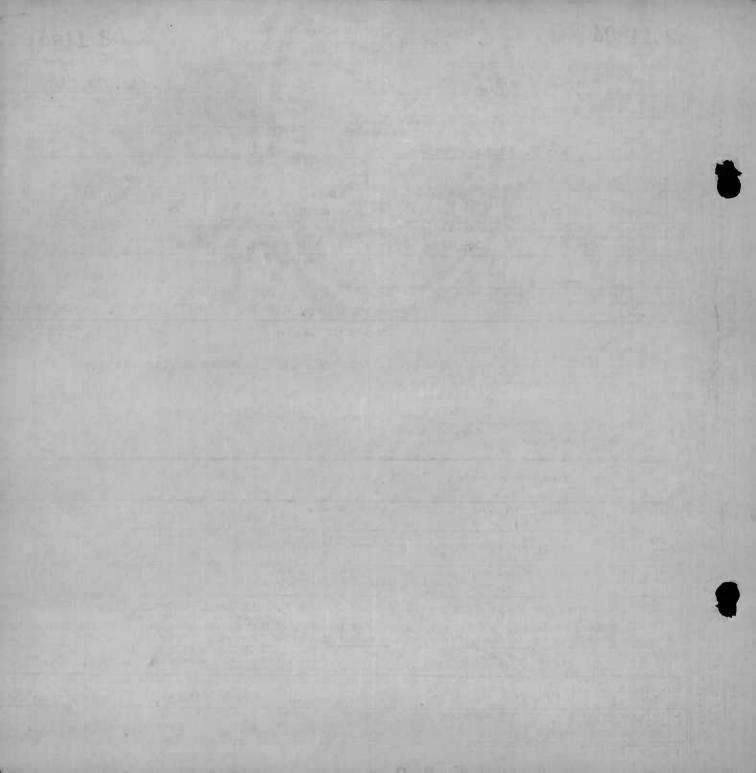
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY\_OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) STREET ADOR Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year It Under 24 Hours ast bathday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) plnods dow information show 10A. USUAL OCCUPATION (Give kind of work done during most of working life wen if retired) State or foreign country 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTR 15. WAS DECEASED EVER IN U. S. ARMED ROCCES? (Yes, no known) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes TERVAL BETWEEN item 18. CAUSE OF 421.0 NSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK AT WORK especia 22. I hereby certify that I attended the deceased from 12-5-5219 to/2-27-192 that I last saw the deceased alive on 12 - 25-PLEASE WRITE correct age is est and that death occurred at. Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 2-30-52. 24A, BURIAL CREMA-240 LOCATION Dity, town, or DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

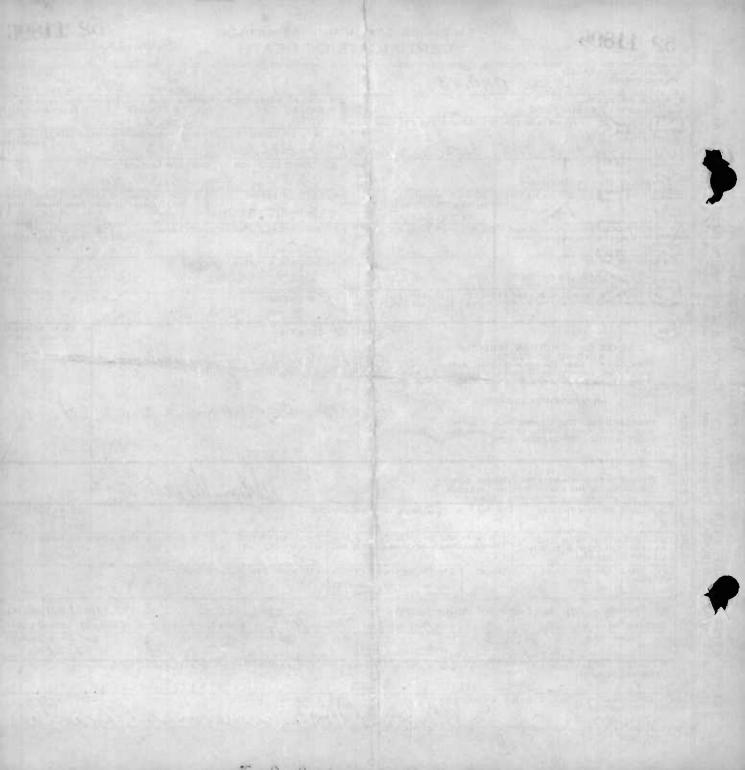
52 11893 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY eleras 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 240, of INTERVAL BETWEEN 18. item CAUSE OF DEATH HYT I ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) .... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ...... П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE WHILE AT WORK AT WORK 22. I hereby certiff that I attended the deceased from that I last saw the PLEASE WRITE deceased alive on the 28 P. m., from the causes and on the date stated above. and that death occurred at. 23A, SIGNATURE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State) DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1002

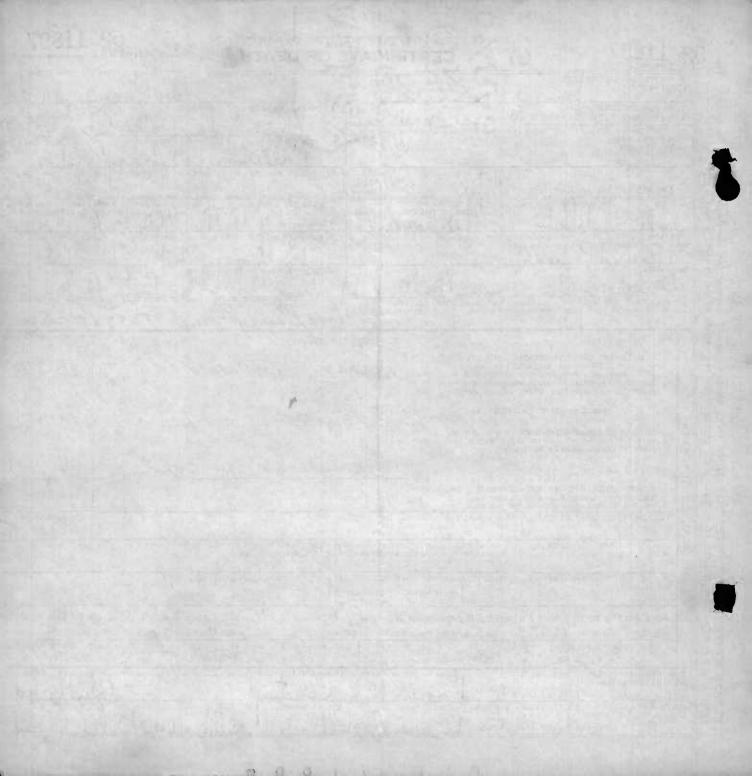
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	ype or Print)		ARGARET	LARNERI		OF DEAT	H Dec. 3	0, 195	2	
	PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDE		sed lived. If in		esidence e admission)	
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c.	Yrs. Mos. Length of stay in Baltimore Days									
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13	housev		Own Home		Baltimore, Maryland 14. MOTHER'S MAIDEN NAME					
13	PAINER S IN	AME			14. MOTHER S MA	WENT NAME				
15	. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADI	DRESS		
	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Mrs. Charle	es Purnell.			Avenue	
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ERTIFI	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED							
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1		0						YES	J NO X	
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.) INJURY OCCUR?									
ME	21D. TIME (I	Month) (Day) (Year)	WH	E. INJURY OCCURR  ILE AT NOT WHILE AT WORK	ED 21F. HOW DID	NJURY OCCUR	?			
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above									
	and dea	th in my opinion	resulted fro	om: natural causes	X, accident [],	suicide [], hom	icide	determin	$cd \square$ .	
	23A. SIGNAT	URE 53 8	Fish		.D. MEDICAL INV	EDICAL EXAMINE EDICAL EXAMINE ESTIGATOR	R De	. DATE SIG	1952	
24 TIC	4A. BURIAL. CI ON, REMOVAL (Sp	REMA- 24B. DATE	24	C. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION		r county)	(State)	
	burial	1/2/53		St. Peters Co		Baltimore	,	Maryla	nd	
	ATE RECEIVED		S SIGNATUR	E	25. FUNERAL DIR					
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ald be and legibly	C.	Yrs. D. STREET ADDRESS (If rural give location)  3900 Chathaue 100	d				
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PI		22. I hereby certify that I attended the deceased from 1932, to Nec. 30, 1932, that I last					
WRITE ge is espe		deceased alive on Dec 30, 1952, and that death occurred at					
PLEASE WI	24	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	52 (State)				
EAS!	1	Burung Pen Balto Met.					
PLL		DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  DEC 31 1952 Houtents William Ward Leurs In - 2100 Enlaw	PC.				
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## BALTIMORE CITY HEALTH DEPARTMENT

The	5 B		E OF DEATH  Registered No. 11899						
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be to supplied. T		NAME OF DECEASED  ype or Print) CONRAD HEBNER	2. DATE OF DEATH Dec. 30, 1952						
	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE MORELLOND B. COUNTY before admission)						
	H	ospital or location 3701 Monterey Road	C. CITY OR TOWN (If outside corporate holits, writh RURAL and give baltimore)						
		Length of stay in Baltimore Yrs.  Mos. Days							
	11	sex 6.Color or RACE 7.SINGLE, MARRIED, WIDOWED, DIVORCED (Specify married	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days Hours Min. 58						
	13	A. USUAL OCCUPATION (Give kind of today of the control of the cont	Baltimore, Maryland  14. MOTHER'S MAIDEN NAME						
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Margaret Sweiger  17. INFORMANT ADDRESS Mrs. May C. Hebner, 3701 Monterey Ro						
	CAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Mondris Mins.  Hermatic Hent driens year						
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hed		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES NO X						
PLEASE WRITE PI	MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 30 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  22. I hereby certify that I attended the deceased from 190, to 190, to 190, that I last say deceased alive on 190, 195. and that death occurred at 190, to 190, to 190, that I last say deceased alive on 190, 195. and that death occurred at 190, to 190, to 190, that I last say deceased alive on 190, 195. and that death occurred at 190, to 190, to 190, that I last say deceased alive on 190, 195. and that death occurred at 190, to 190, to 190, to 190, that I last say deceased alive on 190, 195. and that death occurred at 190, to 190, to 190, that I last say deceased alive on 190, to 190, to 190, that I last say deceased alive on 190, to 190, to 190, that I last say deceased alive on 190, to 190, to 190, that I last say deceased alive on 190, that I last say deceased alive on 190, to 190, to 190, that I last say deceased alive on 190, to 190, to 190, to 190, that I last say deceased alive on 190, that I last say deceased a							
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A S	1	CAL REGISTRAR	Loonard J. Ruck, 5305 Harford Road						

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Harford

Road

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Dr. Fearing 3025 Belair Rod 6-8

LOYE Annades of

to the first

Baltimore cemetery

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

ENRY SANDER & SONS, INC.

25. FUNERAL DIRECTOR

Baltimore.

Md.

ADDRESS

RESERVED

24A. BURIAL CREMA-

TION, REMOVAL (Specify)

buria] DATE RECEIVED BY

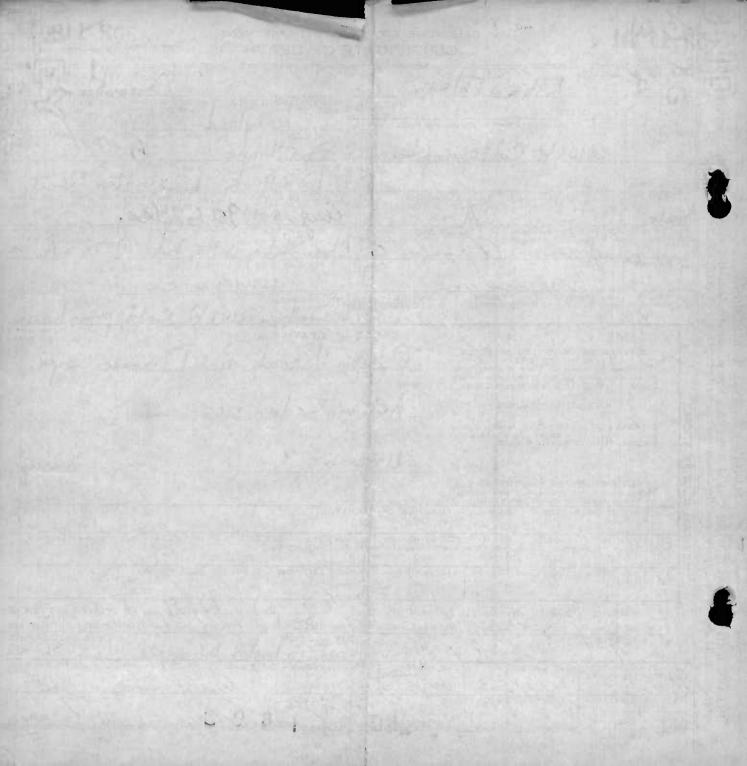
LOCAL REGISTRAR

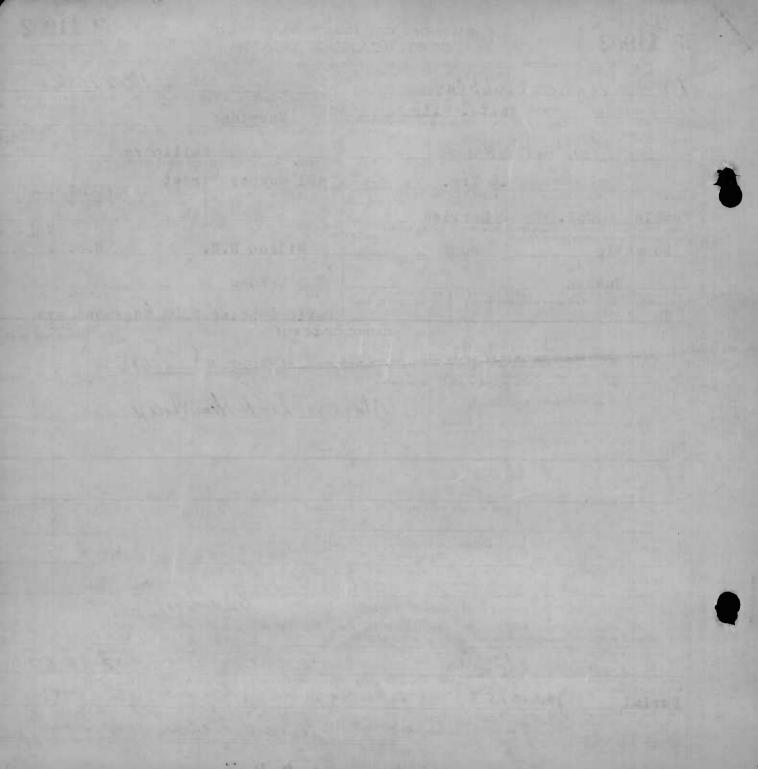
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24B, DATE

REGISTRAR'S SIGNATURE

I II Under 24 Hours





52 11903 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. overott DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE before admissi A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL, and give INSTITUTION Maryland D. STREET ADDRESS Yrs. (lf rural give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INOUSTRY information s Chouffeur. USA-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED 16. SOCIAL ADDRESS (Yes, no or unkoowo) (If yes, give SECURITY em of i 1 Naucely Every item write the cau CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH tardiac Failure (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 ADING (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL Preumonectomy. 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY/(e. g., in or | 21c. WHERE DID/ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE ! WHILE AT WORK , 1952, to 12/29 10/12 22. I hereby certify that I attended the deceased from\_ , 1952 that I last saw the deceased alive on /2/21, 1952, and that death occurred at 2. 12- Im., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) PLEASE TION REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS -LOCAL REGISTRAR VS 150

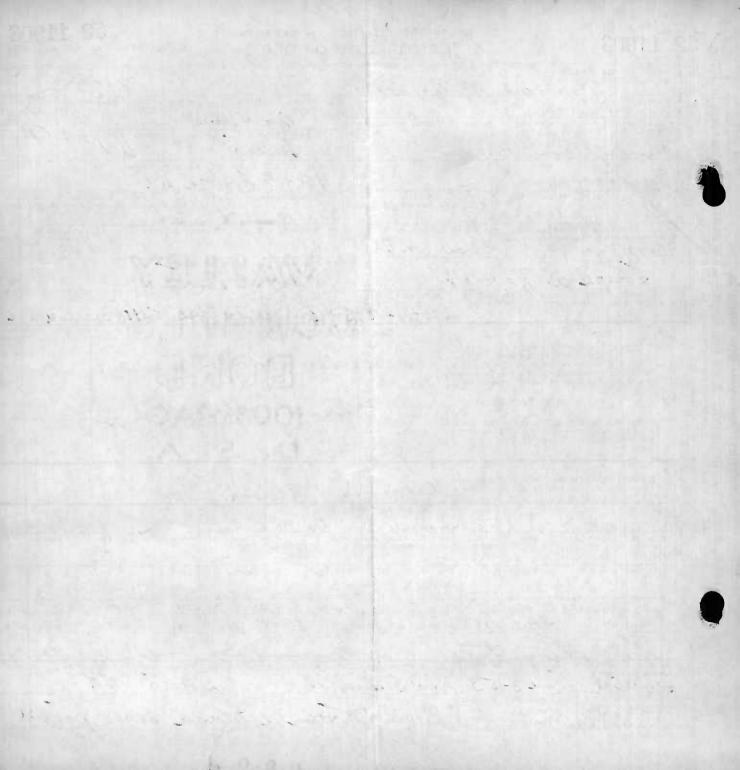
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WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

AUTOPSY



M	(		EALTH DEPARTMENT 52	2 11904			
The	В	CERTIFICATI	E OF DEATH Registered No.				
		Sype or Print) BABY LANKENCE MARKAA	M 2. DATE OF DEATH DEC.	30 1952			
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full.	IN	UNIV. HOSP.	Have de Brase	township			
ile San	c.	Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rural, give location)				
and and	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   # Unit   12/16/5-7   Month	der 1 Year   H Under 24 Hours hs Days Hours Min.			
n should learly ar	10 work	A. USUAL OCCUPATION (Give kind of domeduring most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY			
NDING information shou s of death clearly	13	Thomas 7 marsh	14. MOTHER'S MAIDEN NAME				
BINDING of inform uses of dea	15 (You	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	PRESS			
~ =		18. 4.5/ CAUSE	OF DEATH	JINTERVAL BETWEEN			
e it o		DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
27		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	heu-Esophageal FisTula	***************************************			
RVED Even write		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES					
RESERVED INK. Even please write	Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
SGIN DIN ians	IFIC	(c)					
MARGIN UNFADING Physicians:	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
H .	AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION FICTILL	20. AUTOPSY?			
ILY, WITH important.	EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	n or Zic. WHERE DID (If in Baltimore City, give	YES NO Le exact location)			
INLY,	ME	CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?				
A A		OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK					
Dec			2/ 19, 1952, 10 12/ 30, 1953				
S es		deceased alive on 12/30, 195 3 and that death occur 23A. SIGNATURE		date stated above 23c. DATE SIGNED			
W.F.		Muchael J. Foley M.D.		12/31/52			
PLEASE WRITE correct age is esp	TIC	NA. BURIAL, CREMA- 24B. DATE 24G NAME OF CEMETE 24G	ill am Havre de s	county) / (State)			
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS			
		VS 150	V Lavre de serve	mal			

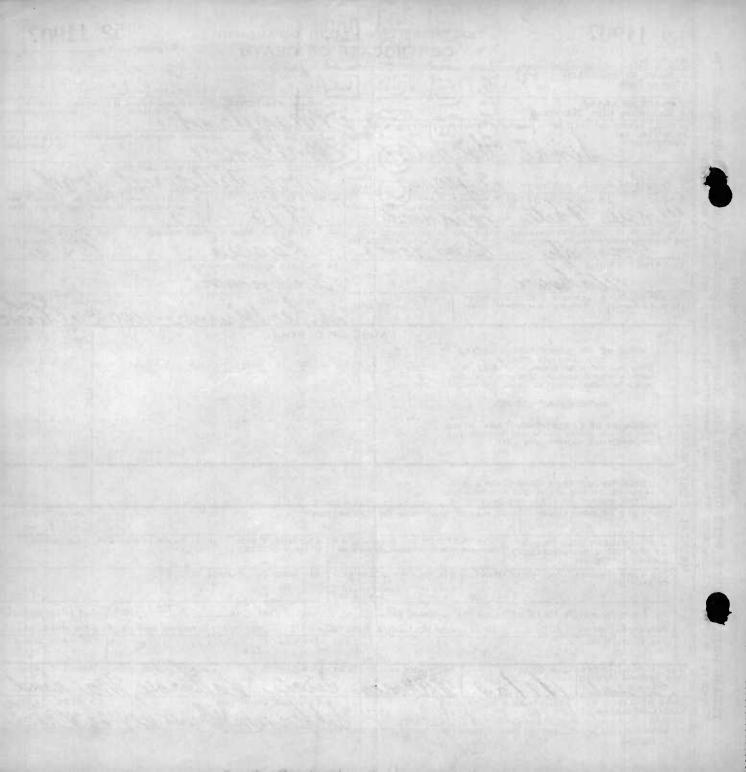
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-	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.							
	1. NAME OF DECEASED (Type or Print)	Davis	2. DATE OF DEC , 31,1952					
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give	A. STATE MA	(Where deceased lived, If institution : residence B. COUNTY before admission)					
	HOSPITAL OR JOHNS HOPKINS HOSPITAL	location) C CITY OR TOWN	If outside corporate maits, write RUIN L and give township)					
	c. Length of stay in Baltimore	Yrs. O. STREET ADDRESS (1) Mos. Days	frural, give location					
+	5. SEX   6. COLOR OF RACE   7 SINGLE MARK		9. AGE (In year) If Under I Yest last birthday) Months Days Hours Min.					
	Work done during most of working life, even if retired)  Nouslawfe  Own / Jones	work doneduring most of working life, even if retired)						
	13. FATHER'S NAME David Connor Da	3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME O' 14 MOTHER'S MAIDEN NAME						
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. OTHER HOPKINS HOSPITAL						
	18. 151X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND GEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	L D 7						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES							
	Z DISEASES OR CONDITIONS, IF ANY, GIVING							
	RISE TO THE ABOVE CAUSE (A) STATING THE OUNDERLYING CONDITION LAST.							
	OTHER SIGNIFICANT CONDITIONS CON-	(C)						
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Rupoid - Advend deficiency							
	19a. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPERATION	20. AUTOPSY? YES NO					
	21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factor CAUSE OF DEATH	INJURY (e. g., in or ry, street, office bidg., etc.) 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)					
	210. TIME (Month) (Day) (Year) (Hour) 21E. IN.	JURY OCCURRED 21F. HOW DID INJU	RY OCCUR?					
	m. WHILE AT	15 13 1						
	22. I hereby certify that I attended the deceas deceased alive on 12 3 19 52 and th	12 31, 19 53 that I last saw the the causes and on the date stated above.						
	23A. SIGNATURE	M. O. 23B. ADDRESS JOHNS HOPKIN	23c, DATE SIGNED					
1	TION, REMOVAL (Specify)		LOCATION (City, town, or county) (State)					
	Removal 12/31/52 Har	7	visorbug, Virginia					
	Part Nat	isus. M. Sm. Gook J.	11, curina					

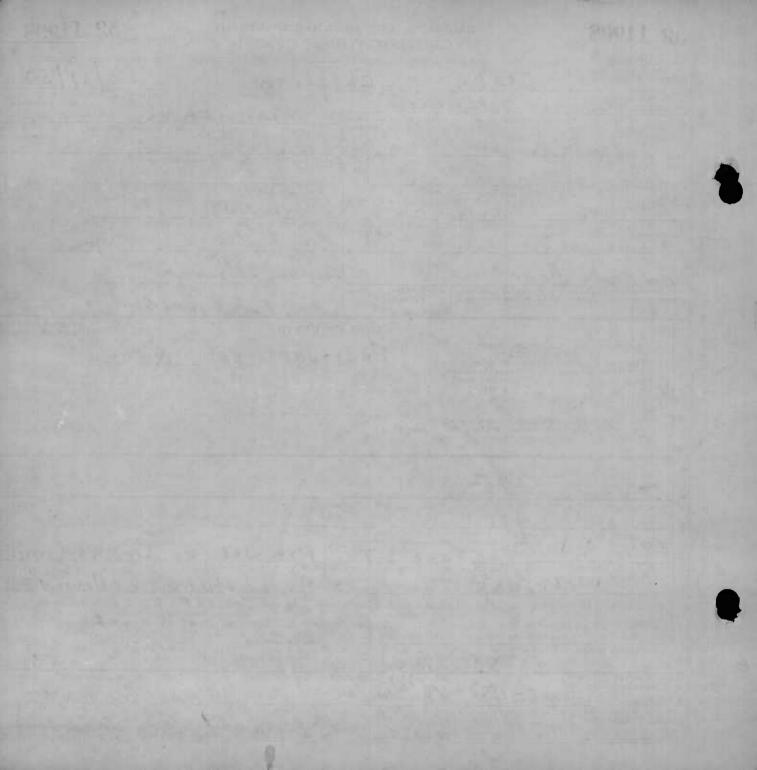
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W		256	200	ВА	LTIMORE CITY	Y HE	ALTH DEPART	MENT	,	52	11906
The	В	BIRTH NO. CERTIFICATE					E OF DEATH Registered No.				
	1. NAME OF DECEASED (Type or Print) (Type or P							-52			
pplie		PLACE OF D Baltimore	EATH: City, Maryland				4. USUAL RESIDI				itution : residence before admission
fully supplied. y.	H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street addi loc	ress or ation)	c. CITY OR TOWN	(If o	Carr outside corpora	te limits, w	rite RURAL and give
Iy.	u of Md.						Finksb		RURA		township
16 g.m	c. Length of stay in Baltimore 23 days Mos. Days						D. STREET ADDRESS (If rural, give location)  SAN DYMOUNT				
uld y and	5.	SEX M	6. COLOR OR RACE		E) MARRIED, VED, DIVORCED (S		Dec 30 /		9. AGE (In y	ears II Unde	l Year II Under 24 Hours Days Hours Min.
on sho	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  RETIRED FARMER  OWN FARM						M d	State or for	eign country)	12.	CITIZEN OF WHAT COUNTRY
information should s of death clearly a	13. FATHER'S NAME  ANDREW WISNER						14. MOTHER'S MAIDEN NAME SOPHIA				
es of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.					NO. =	17. INFORMANT HOSPI	- 1	Reco	ADDF Rds	RESS
caus		18. 6/	0 X 1		CAU	ISE O	F DEATH				INTERVAL BETWEEN
Every item of i		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							2 ws days		
Ever		injury or	complication which		.) DUE TO						
ase	Z	ANTECEDENT CAUSES  (B) B.P.H.  DISEASES OR CONDITIONS, IF ANY, GIVING						*******************************			
UNFADING INK. Physicians: please	CATIC	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO	pra	pubic	pros	statect	omy	
UNFADING Physicians: I	RTIFI		II IGNIFICANT COND								
Ph	CE	TO THE O	TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	CAUSING	<u>T</u>	OPERA	TION				20, AUTOPSY?
WITH rtant.	AL	12-2		B.P.	11	osta	tic hyp	entro	ophy		YES NO
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INLY,	2	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCC		21F. HOW DID	INJURY	OCCUR?		
				m.	WORK AT	WHILE	3 ()		2/	F2.	
esper		22. I hereby certify that I attended the deceased from 12-7-52, 19, to 12-3/, 1952 that I last saw the deceased alive on 12-3/, 1952, and that death occurred at 145 Am., from the causes and on the date stated above									
WKITE e is es	d	23A. SIGNA				23	B. ADDRESS	//	e causes and		3c. DATE SIGNED
D0	24	AA. BURIAL,	CREMA 24B. DATE	terme			Y OR CREMATORY	24D/LO	CATION (City	, town, or c	2-3(-52 ounty) (State)
act a	TIC	ON REMOVAL (S	( / - 3 -	-53	SANdy	M	OUNT	W	EST MIS		ML
PLEASE correct a	DA	ATE RECEIVE	D BY REGISTRAR	S SIGNATI	JRE /	11-3	25, FUNERAL DIR	ECTOR	RS 14/	ESTMI	DORESS
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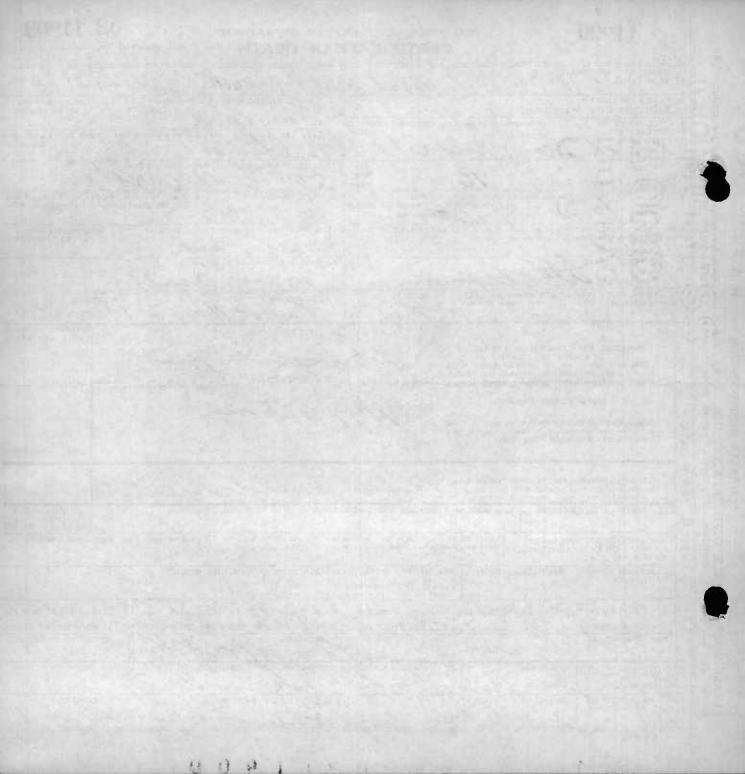
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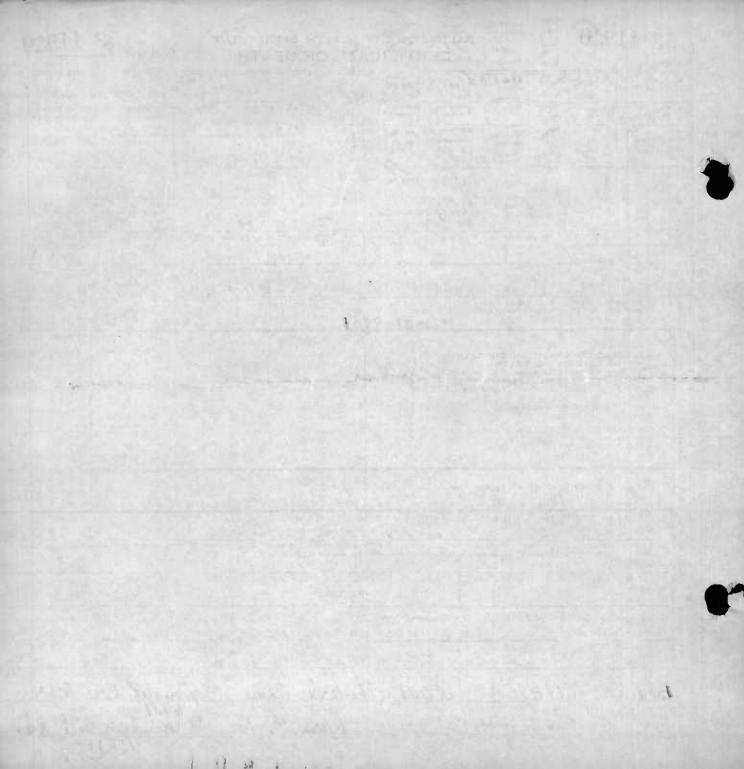


. 52 11909 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years ED (Specify) last birthday) | Months; Days | Hours | Min. information should 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ring most of working life, even if retired) INDUSTRY WHAT COUNTRY? eure 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL ADDRESS & SECURITY NO Jo NTERVAL BETWEEN CAUSE OF DEATH 18. 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 12/2 19 that I last saw the PLEASE WRITE deceased alive on 1431 1954, and that death occurred at 7-10 km., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-24B. DATE 24C. NAME OF CEMETERY 24D. LOCATION (City, townsor county) TION BEMOVAL (Specify) Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE ELINERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

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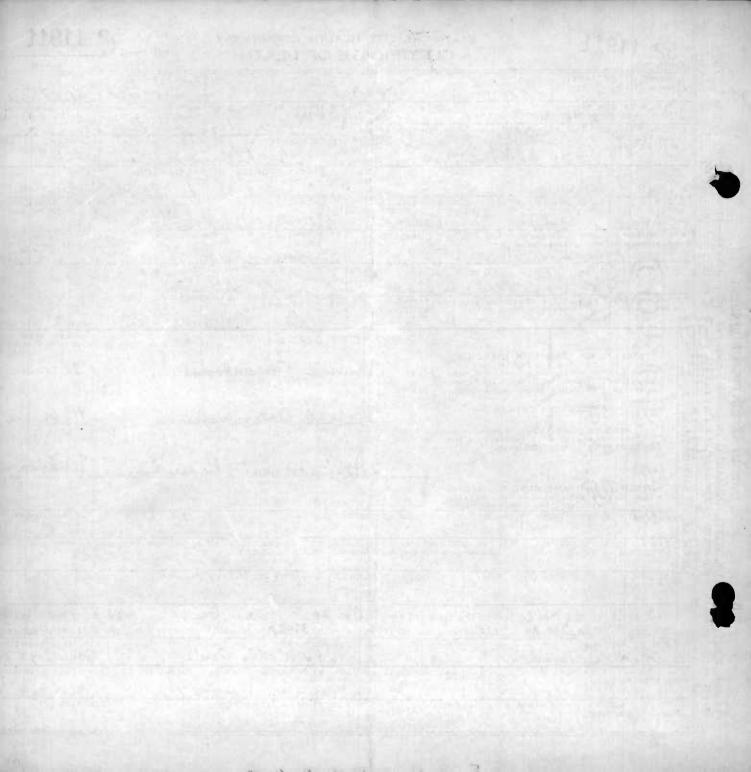
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO KATHERINE 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. OWARN MINCHER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) BA (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits/ write RURAL and give INSTITUTION ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years | fi Under | Year | fi Under 24 Hours | last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) 1900 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s H ouseur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VATOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO 2442 LAURETTA IUS BAND ~11-97 INTERVAL BETWEEN 18. OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL ILY, WITH important. 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIOENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK PLEASE WRITE I 1952 to 3 0 Dec , 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 30 Dec 195 2, and that death occurred at deceased alive on\_\_\_ 5.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) TION\_REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR wilmelow VS 150



(If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (In years) If Under 1 Year It Under 24 Hours last hifthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) . 1952 to Dec. 30 , 1952 that I last saw the deceased alive on Dec. 30 1952, and that death occurred at 3:45 P.m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS VS 150 0 . . .

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LOCAL REGISTRAR

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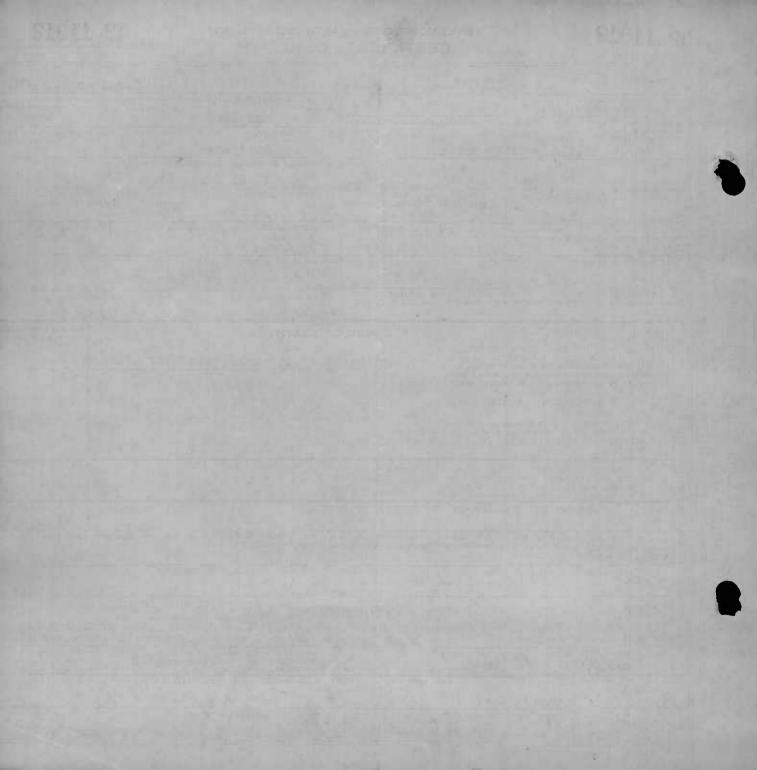
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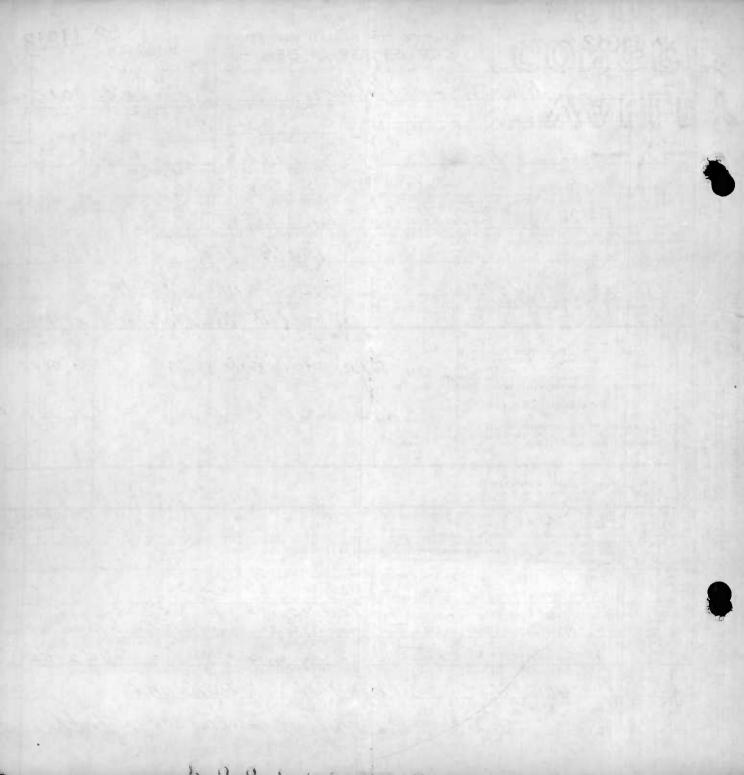


BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ully supplied. 301952 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR-TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If-rural, give location) Moon c. Length of stay in Baltimore 10 ad Days should be 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. Linger clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hone information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Jo INTERVAL BETWEEN OF DEATH 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., PONCHOPNEUMONIA DAYS write heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Nypertensive C-V-D INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) ... RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from November, 1945 to DEC 30 . 1952 that I last saw the WRITE re is esp espe deceased alive on Dec. 30, 1952, and that death occurred at 13 Q.m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED LONGWOOD PLEASE 24A. BURLAL, CREMA-24B, DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify 14/10 DATE RECEIVED BY REGISTRAR'S SIGNATURE /FUNERAL DIRECTOR ADDRESS 25 REGISTRAR VS 150

BINDING

FOR

RESERVED



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) HOWARD J. GALLOWA OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside comporate limits, write LURAL and give INSTITUTION BALTO. Yrs. D. STREET AOORESS .(If rural, give location) Mos. VORTHAUE c. Length of stay in Baltimore Davs information should be of death clearly and 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | If Under 1 Year | If Under 24 Hours Last birthday) | Months; Days | Hours: Min. 9. AGE (in years) WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? worksione during most of working life, even if retired) INDUSTRY RANE JASOK LEC EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SOCIAL SECURITY NO. causes -205-22 /18. INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. 21B. PLACE OF INJURY (e.g., in or ) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Dec 17-1952, to Dec 31- 1952, that I last saw the PLEASE WRITE correct age is esp deceased alive on the 20 1957, and that death occurred at & A - m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS o VU 24A. BURIAL. CREMA-24c. NAME OF CEMETERY OR CREMATORY LION REMOVAL (Specify) DURIAL GE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

8. E Lether 16. 1631 E. North aus.

BALTIMORE CITY HEAL Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Willia illy supplied. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside eorporate limits, write RURAL and give INSTITUTION Ahiversi ITT more Yrs. D. STREET ADDRESS (If rural, give location) Marc Bonger Lakelend c. Length of stay in Baltimore Dane: information should be of death clearly and 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Wala Merried 13 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Chankenr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 3145 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or nnknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO causes Above INTERVAL BETWEEN item 18. CAUSE OF DEATH 0. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ( Myocardial Infarction, diffuse (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) Arteriosclerosis, generalized DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION WITH important.

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

REGISTRAR'S SIGNATURE

untinglow

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that Lattended the deceased from.

23A. SIGNATURE

OF INJURY

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NOT WHILE AT WORK

12 30 52 55 19\_\_\_, to\_ 12 31 52, 19 , that I last saw the and that death occurred at 7 Am., from the eauses and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

PLEASE WRITE correct age is esp

BURIAL DATE RECEIVED BY LAGAL REGISTRAR

24A, BURIAL, CREMA-TION REMOVAL (Specify) 248. DATE

deceased alive on 12 31 52 19

24c. NAME OF CEMETERY OR CREMATORY (ATHEDRAL

25. FUNERAL DIRECTOR

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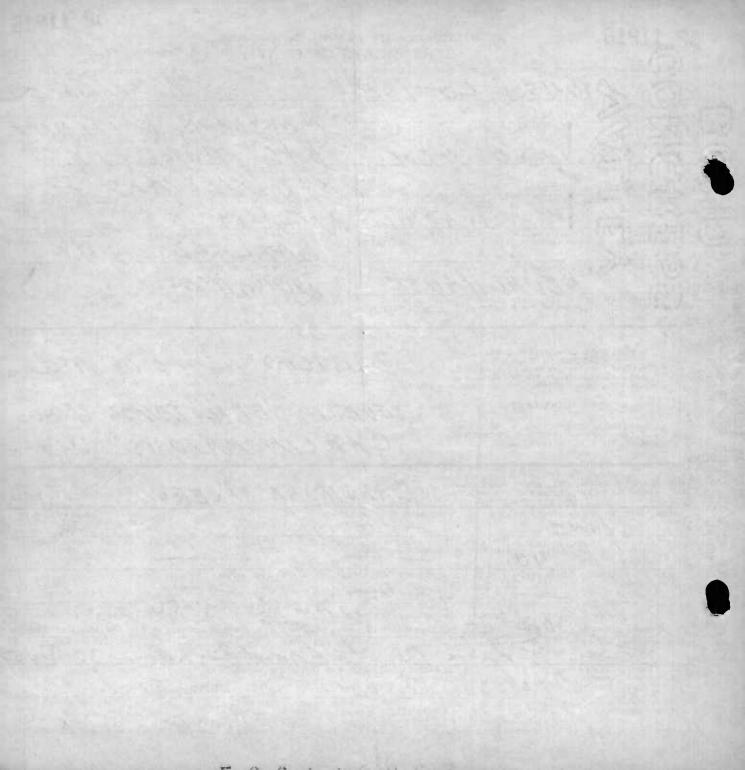
24D. LOCATION (City, town, or county) ADDRESS

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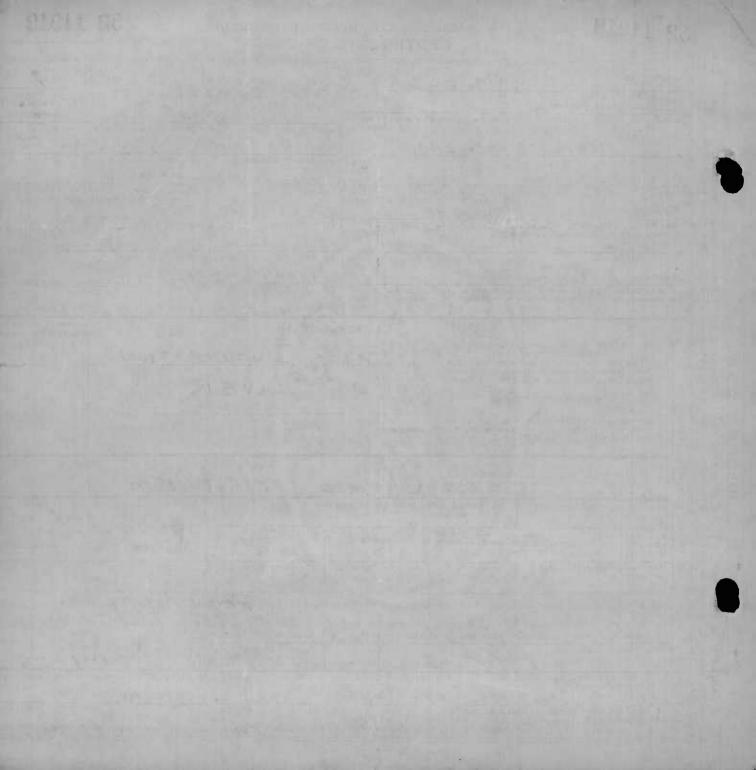
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52 11917 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) ATHAN Slatow OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Trs. Mos. c. Length of stay in Baltimore 500 4 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthuay) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY information s of death cle ind. roreman ing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 1952, and that death occurred at 528 Fm. from 12 22. I hereby certify that I attended the deceased from 12-31 . 195 , that I last saw the PLEASE WRITE correct age is esp deceased alive on 12 - 31 Em., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE (State) N. REMOVAL (Specify) 150 MUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150

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6	20 14949 BALTIMORE CITY HE	EALTH DEPARTMENT 52 11919
BI	CERTIFICATI	
	NAME OF DECEASED TSABELLA	CHWARZ OF 12-31-52
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. Ho	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
	MARY LAND GENERAL	C. STREET ADDRESS (If rural, give location)
C.	Mos.	211 W. MONUMENT ST
5.	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	AUG. 20-1902 50
wor	k done during most of working life, even if retired)  CLERK  INDUSTRY	ENGLAND
		14. MOTHER'S MAIDEN NAME  SARAH L. DRESSEN
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(10	NO	DONATHON MARCHANT 1044 TUNBRIDGE
TIFICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ie Alcoholism
CER	TO THE DISEASE DR CONDITION CAUSING IT.	
AL	M Lot over on Number (	YES ND
MEDIC	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., UTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquity  Inquiry, find that said deceased died on the day stated above  S. , accident , suicide , homicide , undetermined .  23B. CHIEF MEDICAL EXAMINER
	Worke "	ASSISTANT MEDICAL EXAMINER   1-1-53
TI	ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  COUCHTE MD
II D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS  UNURICH FUNERAL HOME VIIV DUNDALIS.
V	C 161	99
	MEDICAL CERTIFICATION RATE OF THE PRINCE OF	C. Length of stay in Baltimore  S. SEX  6. COLOR OR RACE    WHITE



52 11920 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	T 52 11920 Registered No.
1. NAME OF DECEASED ONES	Mn Helen HANCOCK	2. DATE OF DEATH 12-31-52
a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or	4. USUAL RESIDENCE A. STATE A. STATE A. STATE	(Where deceased lived, If institution; residence before admission
HOSPITAL OR Church Hom	location) C. CYTY OR TOWN	(If outside corporate limits, write RURAL and give
c. Length of stay in Baltimore	34 year Mos. Days D. STREET ADDRESS	If rural, give location)
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years If Under Vear In Under 24 Hours Min.
10A USUAL OCCUPATION (Give kind of ortidone during most of working life, even if retired)	BB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of	r foreign country) 12 CITIZENI OF VYHAT COUNTRY
13. FATHER'S NAME HOUCOCK M	14 MOTHER'S MAIDEN homas, Min	NAME (ice
15. WAS DECEASED EVER IN U. S. ARMED FO Yes, no or unknown) (If yes, give war or dates of a	RCES? 16. SOCIAL TO INFORMANT SECURITY NO. N. ROBERT JON	PS 857 PARK AVP.
LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means to injury or complication which cause ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST.	he disease, ed death.) DUE TO  (B) COYO HAVY Thromy	posis
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OF CONDITION CA	RELATED	
19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21B. PLACE OF INJURY (e. g., in or out bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Ho	DUT) 21E. INJURY OCCURRED 21F. HOW DID INJU WHILE AT NOT WHILE TO WORK AT WORK	RY OCCUR?
22. I hereby certify that I attended deceased alive on	led the deceased from \2 - 5-, 19 \2, to 95 \2, and that death occurred at \3 - 4 m., from	1) - 3   - , 19 52 that I last saw the causes and on the date stated above
23A. SIGNATURE	M. D. Church flome in	not Hospital 123c. DATE SIGNED
24A. BURIAL, CREAT- 24B. DATE TION, REMOVAL (Specify)		LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR  1/1/1/2 1052	IGNATURE 25. FUNERAL DIRECTOR	ltimore, Md.  ADDRESS  & Sons, Inc1900 Eutaw Pl.
	Willaus, M.J. John O. Mitchell	a pons, inc 1300 Eucaw 11.

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## BALTIMORE CITY HEALTH DEPARTMENT

Regi	stered	No	

The	В1	RTH NO. 1.	1921	CERTIFICAT	E OF DEATH Registered No.				
	(T)	NAME OF D	Will	iam Yancy, Jr.		OF DEATH	30-1952		
ddns	A. B. I	FULL NAME	City, Maryland	al or institution, give street address or	A. STATE	There deceased lived. If i B. COUNTY			
. 11	HC IN:	SPITAL OR STITUTION		ty Hospitals	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv				
legib			tay in Baltimore	Yrs. Mos. Days			4		
uld l		M.	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Single	July 8-1928	last birthday) Mon	Under 1 Year If Under 24 Hours ths Days Hours Min.		
clearl	10/ ork	A. USUAL OC done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Georgia		12. CITIZEN OF WHAT COUNTRY		
rmatic		FATHER'S	Wilbur		14. MOTHER'S MAIDEN NA Viola Foust	RESIDENCE (Where deceased lived, If institution: residence before admission)  R TOWN (If outside corporate limits, write RURAL and give Baltimore township)  R TOWN (If outside corporate limits, write RURAL and give baltimore township)  R TOWN (If outside corporate limits, write RURAL and give baltimore township)  R TADDRESS (If rural, give location)  2103 N.Howard St.  P. AGE (in years lit Under 1 feet lit Under 24 Hours Min.  21928  PLACE (State or foreign country)  PLACE (State or foreign country)  PLACE (State or foreign country)  R Baltimore City Hospitals  R Mandlen NAME  I cla Foust (Faust)  R Baltimore City Hospitals  R Mandlen NAME  I cla Foust (Faust)  R Mandl			
of info	15. Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMBUTtimore Records: 4940 East	City Hospits	DRESS		
UNFADING INK. Every item of i Physicians: please write the causes	51	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode re, asthenia, etc. It mea complication which e  ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	f dying, e.g., (A)Advance no sthe disease, aused death.)  EES  F ANY, GIVING STATING THE DUE TO		Netastasis			
Physician	7	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED		tume	-		
eclary important. I	CAL	21A. ACCID LYING OF CAUSE OF 21D. TIME ( OF INJURY	R CONTRIBUTING∐ DEATH Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK	celleation of a dia exploration of rig in or 21c. WHERE DID INJURY OCCUR?	gnosed retrov ht. perirectal him harmay City, gi	POIAUTOPSY?  10851 NO X  ve exact location)		
RITE is esp		deceased al	ive on 12-30-	.	rred at <b>l0.50PM</b> ., from ti	he causes and on th	e date stated above 23c. DATE SIGNED		
EASE rrect ag	DA	A. BURIAL, () PREMOTAL (S  TE RECEIVE  CAL REGIST	D BY   REGISTRAR	24C. NAME OF CEMETE 3, 195 The Aubu s SIGNATURE	RY OR CREMATORY 24D. LO				

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leaguite; Litter Communication -NUMBER OF BUILDING STREET, AND THE PARTY OF BEDIE · Marine

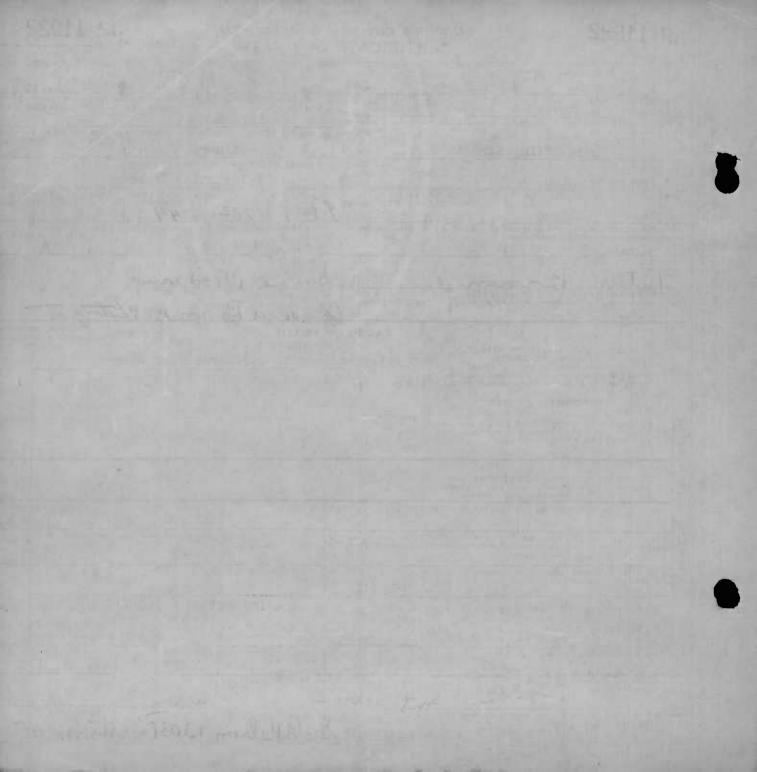
## BALTIMORE CITY HEALTH DEPARTMENT

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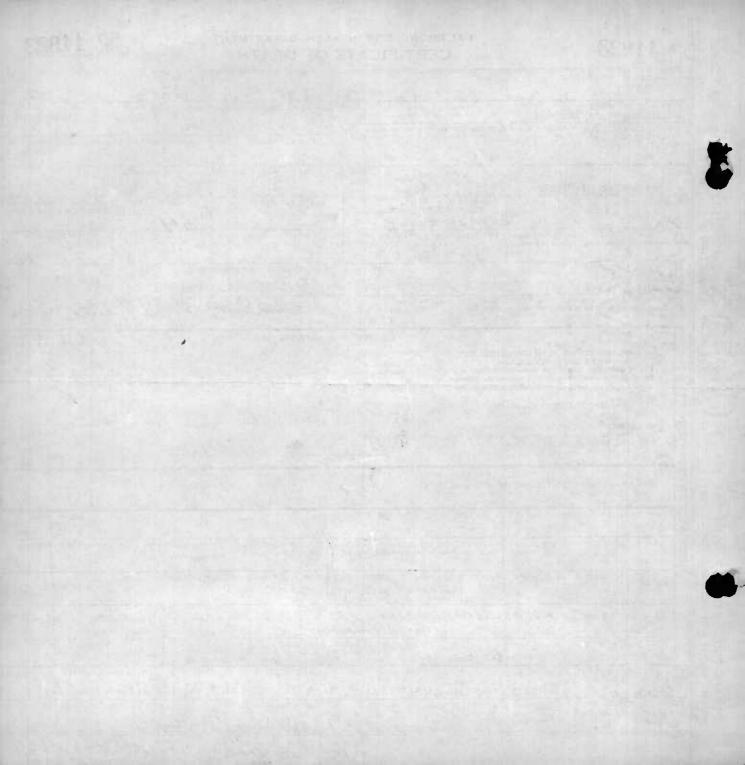
Of Links	CERTIFICATI	E OF DEATH	Registered No	).			
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)  BERNAR	D BROWN		2. DATE OF DEATH Decemb	ber 31, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	B. COUNTY	stitution : residence before admissio			
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION	titution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and gi			
1918 Etting Stre	et	Baltimo		00			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)				
5. SEX 6. COLOR OR RACE 7. SIN	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mont	nder I Year   If Under 24 Hours   Mi			
Male   Colored  10A. USUAL OCCUPATION (Give kind of lob. 1)  vork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 1	2. CITIZEN OF WHAT COUNTR			
~ De la	1112001111	and		U.S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	100				
15. WAS DECEASED EVER IN U. S. ARMED FORCE	1 16. SOCIAL	Busin Wo	vallend	DDFGG			
(Yes, no or unknown) (If yes, give war or dates of service		Cormolnia Bra	run 1918 Etc	ing X			
18. 4 xx 1	CAUSE	OF DEATH		INTERVAL BETWE			
DISEASE OR CONDITION DIREC	TLY			ONSET AND DEA			
LEADING TO DEATH (This does not mean the mode of dying	g, e.g., (A)Arterios	sclerotic cardiov	ascular diseas	se			
heart failure, asthenia, etc. It means the cinjury or complication which caused							
ANTECEDENT CAUSES							
			***************************************	*****			
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.							
	(C)						
OTHER SIGNIFICANT CONDITIONS							
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE				O CONTRACTOR OF THE PARTY OF TH			
TO THE DISEASE OR CONDITION CAUSE	NG IT.	MATION.	44144	L 20 AUTORCY			
19a. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER			YES NO			
(1) 21A. EXTERNAL CAUSE WAS   418	. PLACE OF INJURY (e. g., i home, farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)			
Z1D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?				
m.   WORK   AT WORK   The Thirty the second and							
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated							
the evidence obtained by said and death in my opinion result	Autopsy, Inspection or I ted from: <u>natural causes</u>	Inquiry, find that said ${f x}$ , accident ${oxdot}$ , suicide	eceased died on the $\square$ , homicide $\square$ , un	day stated about determined $\square$ .			
23A. SIGNATURE	,	23B. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER	. DATE SIGNED c. 31, 1952			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, town, o	r county) (State			
DATE RECEIVED BY   REGISTRAR'S SIGN	NATURE	25, FUNERAL DIRECTOR	nel	ADDRESS			
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ZIK - CK-SAISEK BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JEK SATSEK supplied. DEATH 3. PLACE OF DEATH: 4. USUKL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 7. SINGLE MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Mouths Days Hours Min. MARR 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR information s of death cle MUN HOME 10 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. 286.6 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coishealhemanhaco (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 10 Malaste Tron OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 6tic 11/100 in TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPBY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY AT WORK PL 22. I hereby certify that I attended the deceased from 12/29, 1952 to 2/2, 1952 that I last saw the PLEASE WRITE correct age is esp deceased alive on 12/3/, 1952, and that death occurred at 5 m., from the causes and on the date stated above. 23A, SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) 24B. DATE 195 3HOLYROBAR GERMANHILL ROAD DATE RECEIVED BY 25. FUNERALA DIRECTOR Marie E. Fralhowshi 1000 S. KBWW 000 VS 150

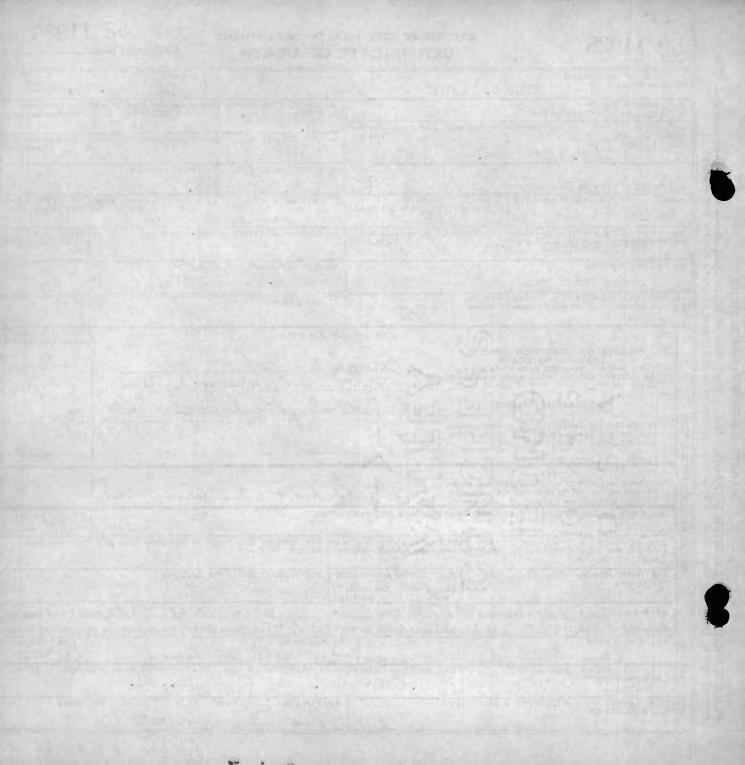


BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF NOFREDA upplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) 1ARGLIAN B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE | 7. SINGLE MARRIED AGF (In years It Unday 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED DIVORCED (Specify) information should of death clearly an WVILLO. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME AIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or detes of service). 16. SOCIAL ADDRESS (Yes, no or unknown) y item of ir 300- Monn INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO E ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\overline{\mathbf{0}}$ 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION Jones YES (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK PLEASE WRITE PLA \_, 195 to , 195, that I last saw the 22. I hereby certify that I attended the deceased from\_ Am., from the causes and on the date stated above. deceased alive on 12/27 19 S 2 and that death occurred at 23C. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS (gru 24A. BURIAL, CREMA-24D. LOCATION, (City, town, or county) OF CEMETERY OR CREMATORY 24B. DATE IJON, REMOVAL (Specify) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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efully supplied. The	1.	RTH NO.  NAME OF D  ype or Print)	ECEASE		A L. PA					2. DATE OF	Dec.	29, 1952	=
	3. A.	PLACE OF D Baltimore (	EATH:					. USUAL RESIDE	NCE (W	here deceased li	ived. If ins		on)
	B. H	FULL NAME			oital or institu	tion, give street addre		Md.	(1f)	outside corpora	te limits, w	rite RURAL and g	ivo
	17 S. Fulton Ave.							Baltimore		/	Cop	O d townsh	ip)
	c.	Yrs, Mos. c. Length of stay in Baltimore Days					08.	17 S. Ful			tion)	-	
uld b		sex female	e.cord	or or rac		E. MARRIED, WED, DIVORCED (Sp 111g LE	8,	DATE OF BIRTH		9. AGE (In ye		et l Yest   If Under 24 Ho as Days   Hours Mi	
n sho	10 work	A. USUAL OC done during most of retire	CUPATION WORKING LICENSE	ON (Give kind ile even if retire nool	of 10B. KIN	D OF BUSINESS OF	TRY ?	. BIRTHPLACE (S	tate or for	reign country)	12	CITIZEN OF WHAT COUNTE	
VDING information should of death clearly an	13. FATHER'S NAME  James Patterson							MOTHER'S MA	IDEN NA	ME			
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of inform Physicians: please write the causes of des	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NONE							17. INFORMANT ADDRESS			_		
	RTIFICATION	DISEASES RISE TO T UNDERLY	ANTECE S OR CO HE ABOV	nia, etc. It mation which EDENT CAI NDITIONS. E CAUSE () ENDITION	of dying, e. cans the disea eaused dcat.  USES  IF ANY, GIVI	(B)	outer	alugel an	al vi	uzulae 1		Several years.	>
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LY, WITH	EDICA	21A. ACCID LYING OF CAUSE OF	R CONTE			ACE OF INJURY (e, farm, factory, street, office b		21c. WHERE D		f in Baltimore	City, give	e exact location)	
PLEASE WRITH correct age is especially imp	M	21D. TIME OF INJURY	(Month)	(Day) (Yea	r) (Hour)	21E. INJURY OCCU	HILE	21F, HOW DID	INJURY	OCCUR?			
	24	deceased at	live on_ TURE		ttended the	e deccased from and that death o M. D. 24C. NAME OF CEM	January 23B.	at 5:40 Pm., ADDRESS 22 Medial DR CREMATORY	from the	Eully DCATION (City	d on the	23c. DATE SIGNE	ve.
PLEAS	D	Buria ATE RECEIVE DCAL REGIST	D BY	1/2/53	R'S SIGNAT	Mt. Olive	25	FUNERAL DIR	/	alto., Mo		DORESS	
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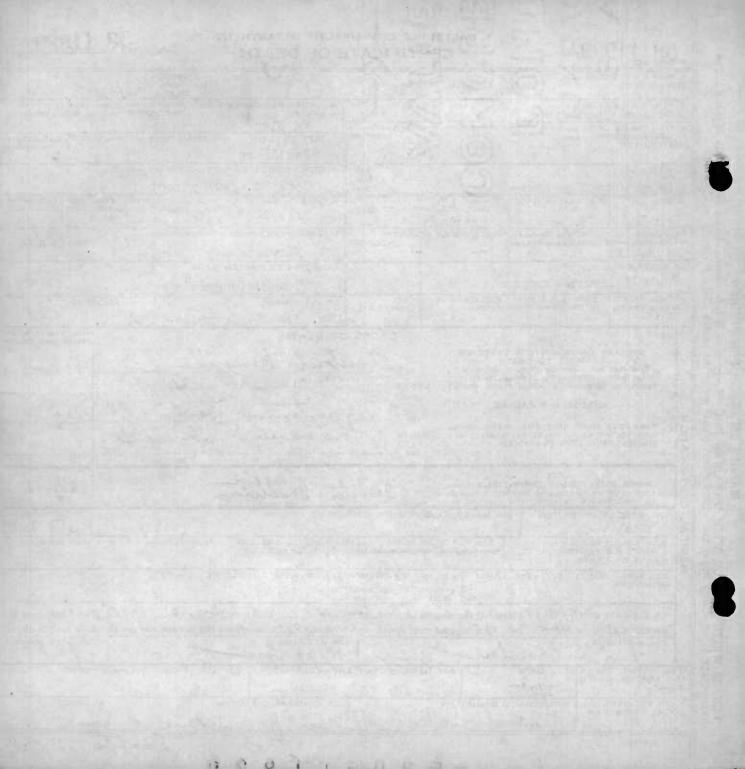


2 11927 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) efully supplied. JAMES FREDERICK DOUTY Jr. DEATH Dec. 31. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3318 Dorchester Rd. Beltimore D. STREET ADDRESS (If rural, give location) Yrs. Mog 3318 Dorchester Rd. c. Length of stay in Baltimore Davs information should L 6. COLOR OR RACE 9. AGE (in years) 5. SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | if Under 1 Year | if Under 24 Hours last birthday) | Months; Days | Hours | Min. Married Dec. 28, 1877 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Vice President Loeke Inc. Mfgr. Balto. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James F. Douty Mary Eliz. Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Douty Above INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER-21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 1352 to 39 Nec 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 30 Dec. 1952, and that death occurred at 145 Am., from the causes and on the date stated above. 23A. SIGNATURE 238, ADDRESS 230 DATE SIGNED PLEASE WRI 24A. BURIAL, PREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or gounty) 248. DATE Burist /53 Woodlawn Woodlawn. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 -

Marin Indiana and American

-350 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. Tillie Metta ORC. 303 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION Marion Memorial Hospital Ballimore D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 201 Days 5. SEX 6. CDLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. lunale Pincle information shoul 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? mary land wone U.S. 18. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SDCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. causes Ruman un NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONun elli his TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY WITH EDICAL important. 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT 22. I hereby certify that I attended the deceased from bec. 19. , 19 12, to Dac. 30 . 19 12 that I last saw the WRITE ge is esp deceased glive on pec. 30, 1952, and that death occurred at 10,00 pn., from the causes will on the fail stated above.
234 SIGNATURE (236 DATE SIGNED 24A. BURIAL, CREMA-TION. REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 240 LOCATION City, town, or county) 24B, DATE /2/53 Loudon Pk. Cem. Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF KATTE MAY CORNELL 12/31 y supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maruland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Garrison Nursing Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3501 St. Paul Street c. Length of stay in Baltimore Days should be 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 5. SEX 6. COLOR OR RACE 9. AGE (In years) last birthday) Months Days Hours Min. 1/18/1882 Female Married 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Housewife information Maryland c<sub>J</sub> death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin Fillmore Foreman Ida E. Langville 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL of ADDRESS 17. INFORMANT (Yes, no or unkoown) SECURITY NO. causes No None Mr. John A. Cornell - 3501 St. Paul INTERVAL BETWEEN y item the cau 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE AT WORK 1951 to Dec. 31 , 19 54 that I last saw the 22. I hereby certify that I attended the deceased from . Com deceased alive on dec. 30, 1952 and that death occurred at 1051. \_m., from the causes and on the date stated above. PLEASE WRITE 23C. DATE SIGNED 23A. SIGNATURE 2AD. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY (State) 24B. DATE Md. Burial Druid Ridge Cemetery ikesville ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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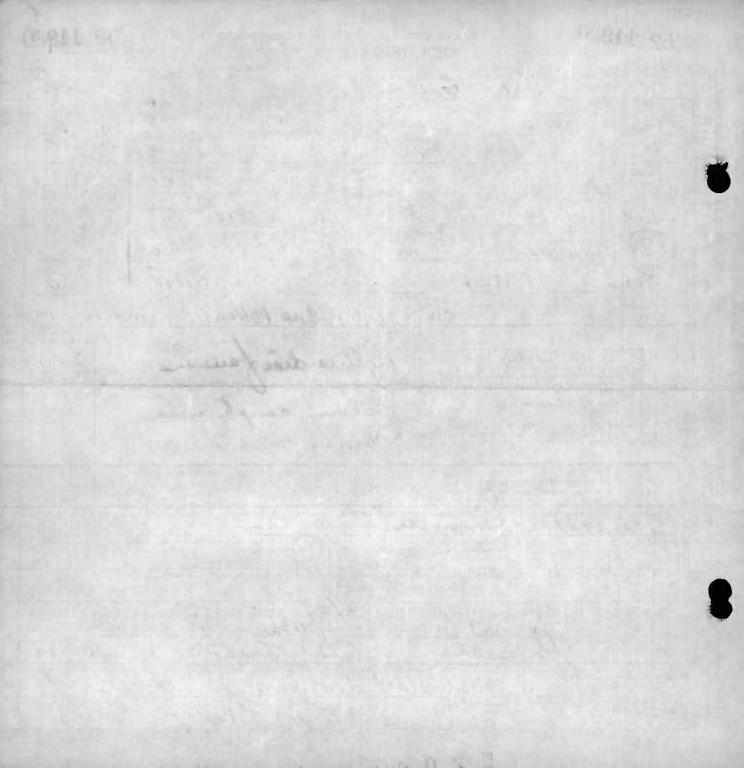
PLEASE

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

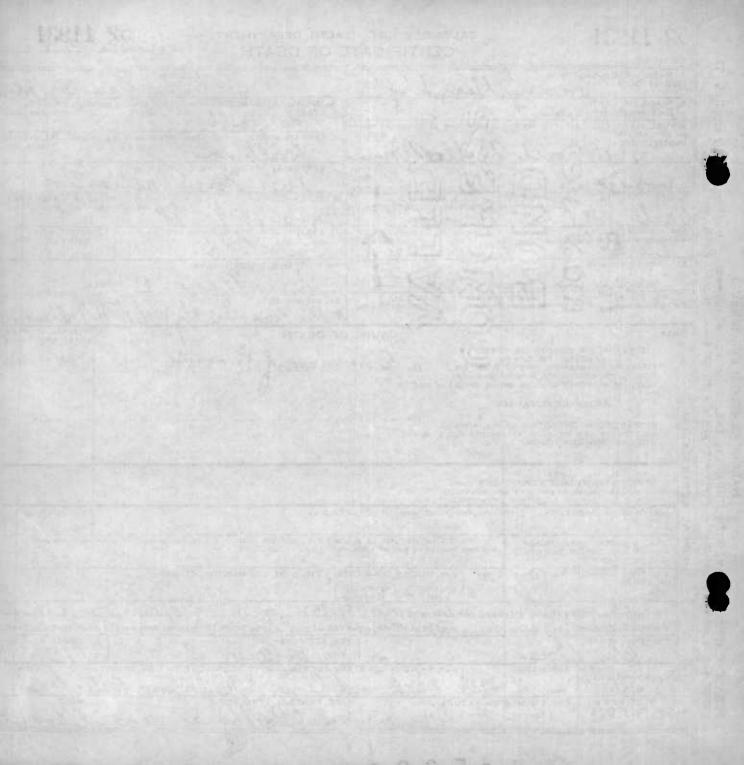
Registered No. 11930

1. NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SALTIMO Yrs. D. STREET ADDRESS (If rural, give location) Mos. REDEVICIENTUE c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In yeurs Il Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) MARKIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AINTANENCE WORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO REDCTICK INTERVAL BETWEEN 18. CAUSE OF DEATH 422,2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Remodel 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 1927, to 3/ 19 17, that I last saw the deceased alive on 12 30 1951, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) BUR117 4 DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR SIGNATURE LOCAL REGISTRAR

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ally supplied. The	5	2 11931	BALTIMORE CITY HEA		52 Registered No	11931
		RTH NO.				
	(T	NAME OF DECEASED  ype or Print)	Gerapty	2. DATE OF DEATH	c. 30, 1952	
	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	institution, give street address or	A. STATE	B. COUNTY	nstitution: Aesidence before admission)
	HC	OSPITAL OR STITUTION	location)	c. CITY OR TOWN (If o	utside corporate limits,	write RURAL and give
	0	1411 Norch 1	Won Wenue	D. STREET ADDRESS, (If r	ural, give location)	
be d le	-00	Length of stay in Baltimore SEX   6.COLOR OR RACE   7.	Mos. Days	8. DATE OF BIRTH	9. AGE (in years)	Index 1 Year   If Under 24 Hours
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VDING information shoul of death clearly	10 work	A. USUAL OCCUPATION (Give kind of 10 E dopp drying most of working life, even if retired)	S. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
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of de	15	WAS DECEASED EVER IN U. S. ARMED FOR b, no or unknown) (If yes, give war or dates of set	CES? 16. SOCIAL	17. INFORMANT	rie Acho	DRESS
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2		injury or complication which caused ANTECEDENT CAUSES	d death.) DUE TO	0		
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LY, WITH mportant.			1B. PLACE OF INJURY (e. g., In ut home, farm, factory, street, office bidg., etc		in Baltimore City, gi	
echady	Σ	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	WHILE AT NOT WHILE	D 21F. HOW DID INJURY	OCCUR?	
		22. I hereby certify that I attende	m.   WORK   AT WORK	2/42 , 19 , to 1	2/30/52-19	that I last saw the
		deccased alive on 1230, 19	, and that death occurr	red at 9.40 Am., from th		
WR]		May / Faceen	M. D. /	so! Il Unita	Ave	1/1/53
PLEASE WRITE correct age is esp	24 TIQ	DN REMOVAL (Specify)	9 53 24c. NAME OF CEMETER	Y OR CREMATORY 240, LO	CATION (City, town, o	or county) (State)
PLE/	D/ LC	ATE RECEIVED BY REGISTRAR'S SIG	GNATURE,	25. FUNERAL DIRECTOR	9	ADDRESS
H 0	_	JAN 2 1953 Hunting	low Vellegues, My	ohn . /keller	nc 2435	C. Clares D
BAR		VS 150	V			



11932 52 11932 BALTIMORE CITY HEALTH DEPARTMENT Registered No .\_ CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF Bro. Berchmans CFX (Henry E. Middleton) 12-31-52 ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE Maryland B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Mt. St. Joseph High School Baltimore D. STREET ADDRESS (If rural, give location) veams 4409 Frederick Ave. c. Length of stay in Baltimore information should be of death clearly and 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Single 6-26-1880 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY School Teaching Philadelphia, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO. Bro. Victorian, C.F.X. 4409 Fred causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT especially AT WORK WORK Mors 4.31 1952 that I last saw the 22. I hereby certify that I attended the deceased from PLEASE WRITE correct age is esp deceased plive on Yes. 31 1952, and that death occurred at a.m., from the causes and on the date stated above. 23 A SIGNATUR 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B/DATE New Cathedral Baltimore, Md. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAS Chas F. Evans & Son 118 W. Mt. Royal VS 150

HJ. Terretas 5305 Cat France . 10.21 NOT A MEDICAL EXAMINER'S CASE

CHIEF OR ASS'T. MEDICAL EXAMINER

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BIRTH NO 2. DATE I. NAME OF DECEASED (Type or Print) OF Dec. 30, 1952 EDMOND LEE CAIN DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Brownsville Baltimore City Morgue Yrs. D. STREET ADDRESS (If rural, give location) Mos. Sunrise Beach c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years) If Under 1 Year If Under 24 Hours last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) Jan. 24. 1877 Widowed Male White IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? New Orleans, La. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO. (Yes, no or nnknown) (If yes, give war or dates of service) Margaret Dingley, Sunrise Beach INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Massive gastro-intestinal hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Acute esophagitis injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) DIC 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING T CAUSE OF DEATH.

UNFADING Physicians: important. ecially

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE WHILE AT WORK

21F. HOW DID INJURY OCCUR?

238. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER....

MEDICAL INVESTIGATOR

22. I certify that I took charge of the remains described above, held an ..

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \( \), suicide \( \), homicide \( \), undetermined \( \)

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) St. Peters Cemetery

Baltimore,

autopsy

23c. DATE SIGNED 30. 1952

Maryland

thereon and from

burial DATE RECEIVED BY LOCAL REGISTRAR

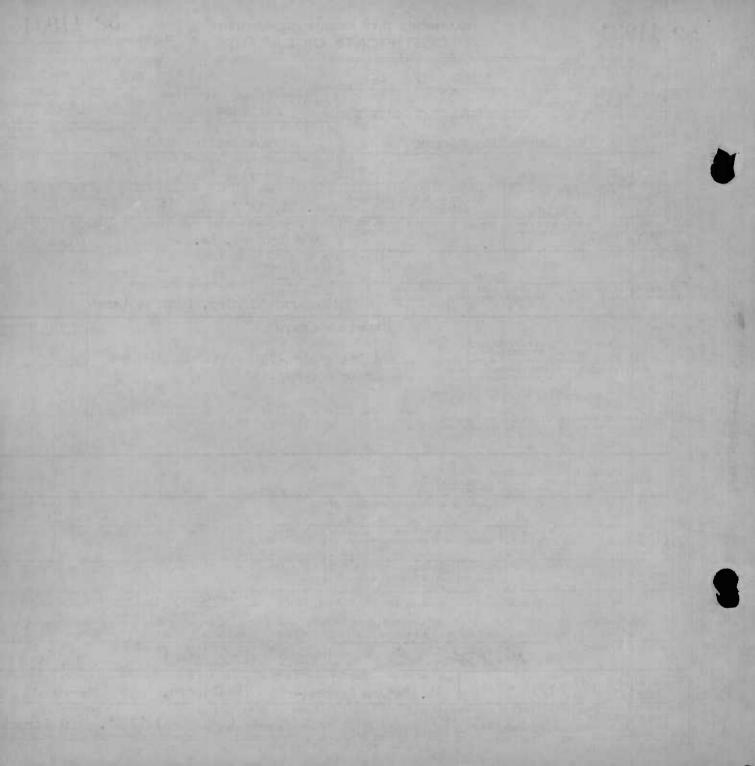
REGISTRAR'S SIGNATURE.

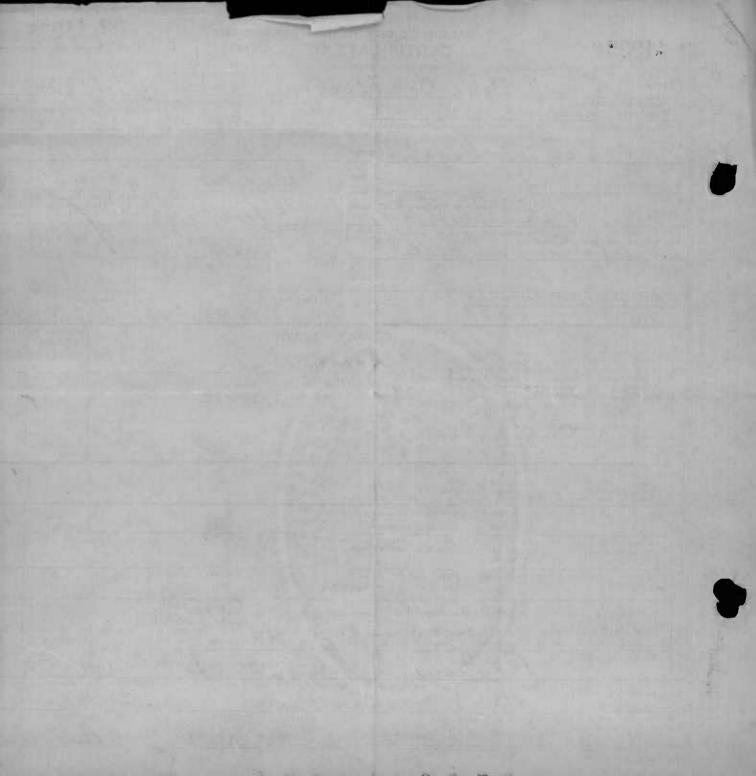
25. FUNERAL DIRECTOR

ADDRESS 1217 St. Paul Street

VS 151

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 1817.4 B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street addressor HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX SHOLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (1) years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, evap if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN (Yes, no or anknown) SECURITY NO. causes 18. y item the cau CAUSE 153 X OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 ⋖ OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION mportant. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from-1952 and that death occurred at 6 deceased alive on\_ m., from the causes and on the date stated above. PLEASE WRIT 23A. SIGNATURE 238. ADDRESS/ 24A. BURIAL. -CREMA-248, DATE 24c. NAME OF CEMETERY OR 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) amer

25. FUNERAL DIRECTOR

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

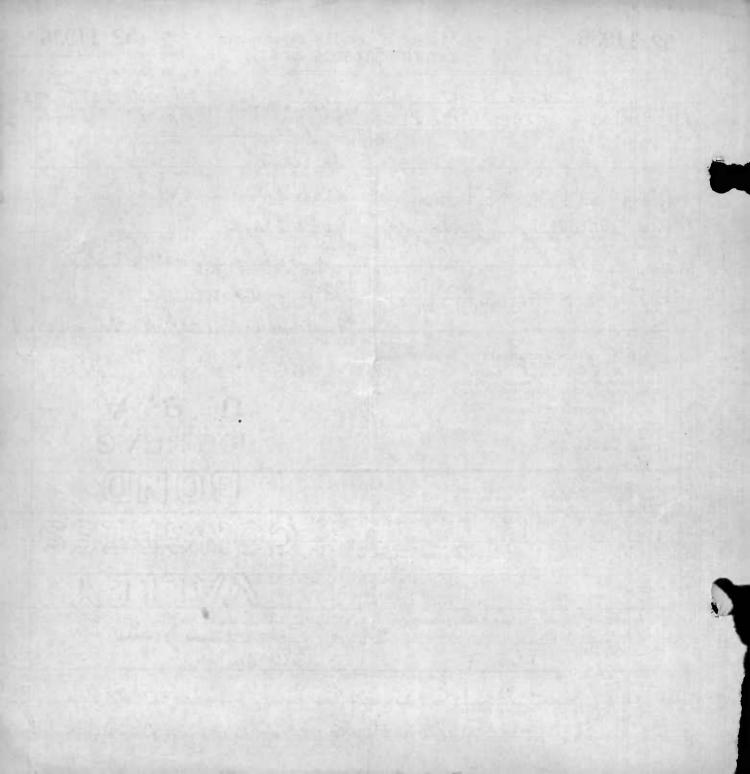
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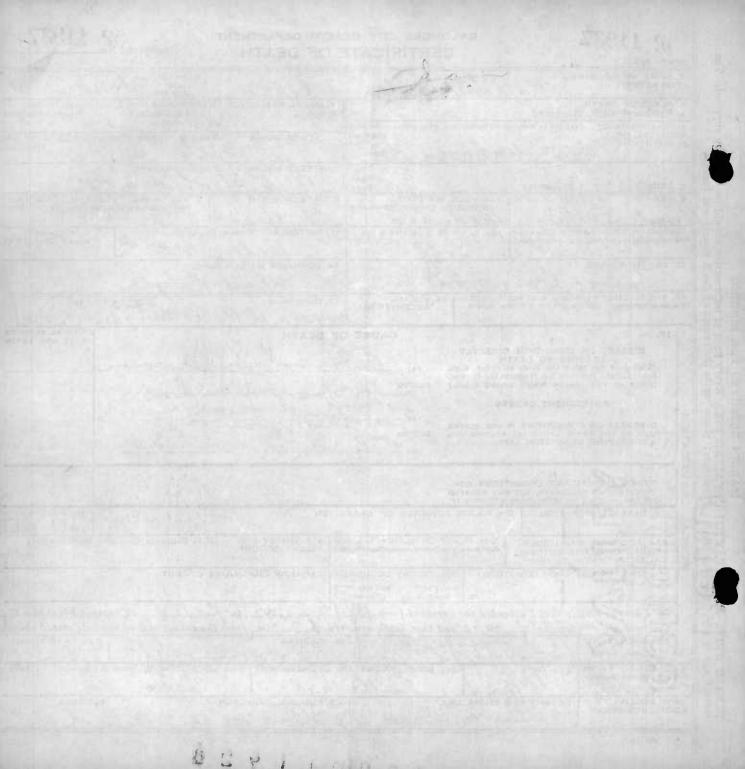
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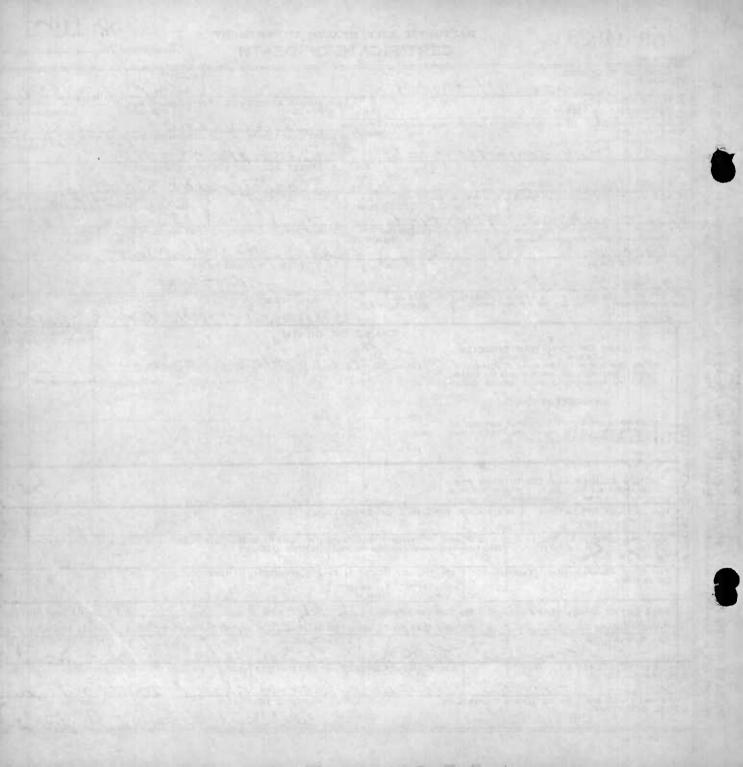
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REGISTRAR'S SIGNATURE



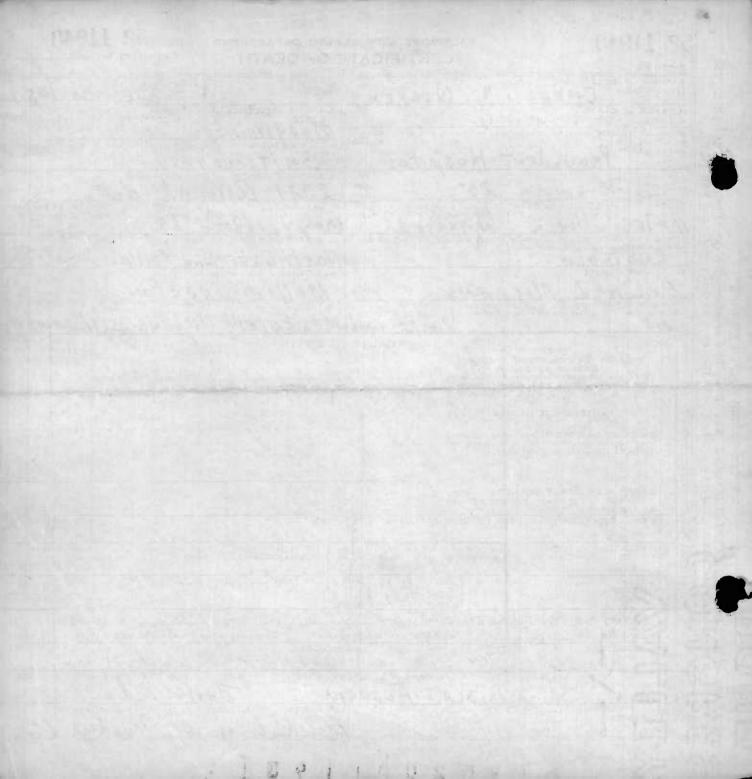


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52 11939 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 31, 1952 ANNA BASE supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Harford Conv. Home Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 701 N. Rose St. c. Length of stay in Baltimore 48 yrs Days should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) white widowed Apr. 19, 1868 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U.S.A. information s housewife Czechoslovakia at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Benedikt unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. James Nadvornik, son, 2745 Beryl Ave. causes of INTERVAL BETWEEN item 18. CAUSE OF DEATH 02.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. about home farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 19.22, to. , 195, that I last saw the 22. I hereby certify that I attended the deceased from deccased alive on 29. 1951, and that death occurred at 2. 20 m., from the causes and on the date stated above. PLEASE WRITE correct age is esp 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Burial Jan. Oak Hill Cemetery Baltimore, Md. 25. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

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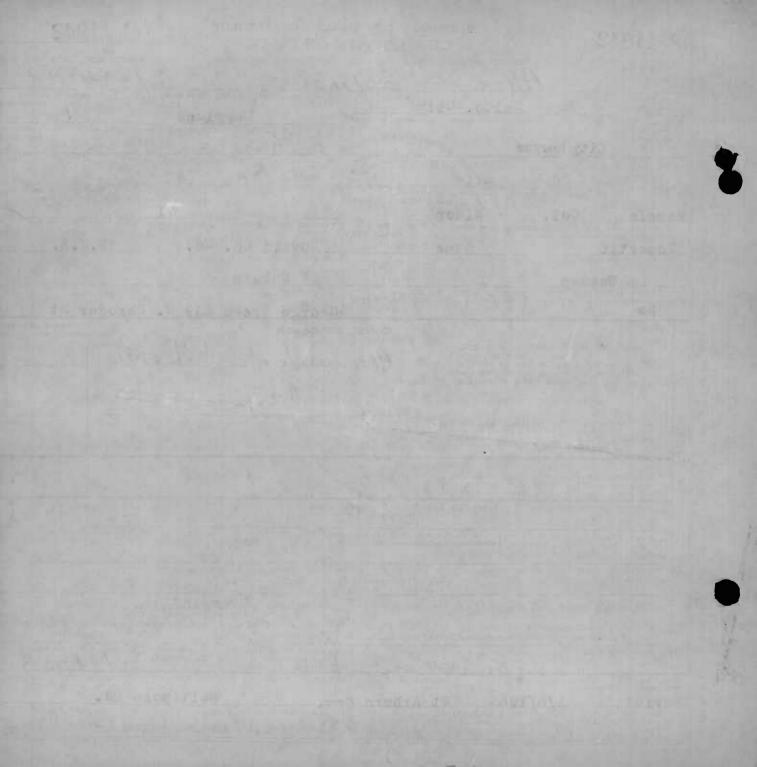
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## BALTIMORE CITY HEALTH DEPARTMENT

52 11941

UC A.J.	Prisule	(	CERTIFICAT	E OF DEAT	H Regi	stered No	
BIRTH NO.	DECEMOED.						
1. NAME OF I (Type or Print)	DECEASED	700			2. DATE OF	D	60
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B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institutio	on, give street address o location			prate limits, write RUR	AL and giv
	Sterling S.	treet		Baltimore / 0 - 0 2 township			
			Yrs.	D. STREET ADDRE	SS (If rural, give lo	cation)	
	stay in Baltimore	20 Yrs	Mos. Days				
Male Male	6.COLOR OR RACE	7. SINGLE. WIDOW	D DIVORCED (Specify	8. DATE OF BIRTH	last birt	hday) if Under 1 Yeer Months Days	Hours Min
	CCUPATION (Givekind of		OF BUSINESS OR	11 BIRTHPLACE (S	State or foreign country	y)   12. CITIZE	N OF
work done during most	of working life, even if retired)		INDUSTR	Y	Source of Total Sit Codifict.		COUNTRY
Porter		Boat		Virgini		U.S.A	•
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	nkown				Unkown		
15. WAS DECEAS	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
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DISEA	SE OR CONDITION	DIRECTLY	Seila -				AND DEATH
(This doe	LEADING TO DEAT	FH f dving, e.g.,	- Co	elial ocl	erous.	7	
heart fail	ure, asthenia, etc. It mea	ns the disease,			***************************************		
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_	ANTECEDENT CAUS	ES	Car	die mass	May Your	Chapter	
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Ā 🎂						YES	] NO
	DENT WAS UNDER-	21B. PLAC	CE OF INJURY (e. g., m,factory,street,office bldg.	in or 21c. WHERE D		re City, give exact lo	cation)
LYING OF	R CONTRIBUTING DEATH	about home, ia	m, ractory, street, omce blog.	,etc.) INJURY OCCU	KI		
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OF INJURY			HILE AT NOT WHILE				
			WORK AT WORK		( D. 1)00		
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	live on 30 pec	_, 19 <b>11</b> _, a			, from the causes a		
23A. SIGNA	e. Bure	well	м. D.	23B. ADDRESS	auth &	1-1-	53
24A. BURIAL,	CREMA- 24B. DATE Specify)	2		ERY OR CREMATORY		city, town, or county)	(State)
Burial	1/2/195	3 M	t Calvery	Cem.	Brooklyn	Md.	
DATE RECEIVE	D BY   REGISTRAR'	_	RE,	25 FUNERAL DIR	ECTOR	ADDRESS	111
LOCAL REGIST	TRAR	ti to	Williams is	Elmon	Welson	100 Bis	and
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Yes, no or apknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or enknown) SECURITY NO. causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CAL heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) .... RTI 11 NF OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY OPERATION important. Carcinana 0 DIC 21c. WHERE DID 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or (If in Balcimore City, give exact location) about home, farm, factory, street, office bldg., etc.) NLY y imp 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 19 5 That I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on\_ 2m., from the gauses and on the date stated above. and that death occurred at. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248. DATE 24c. NAME OF TION. REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECT LOGAL REGISTRAR VS 150

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2 11944 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ncan c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORCED (Specify) and 5. SEX 9. AGE (In years) If Under | Year birthday) Months Days Hours Min. It Under 24 Hours plnous clearly H. BIRTH 10A. USUAL OCCUPATION Givekind of 108. KIND OF BUSINESS OR LACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTR information is of death cle 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED CORCES?
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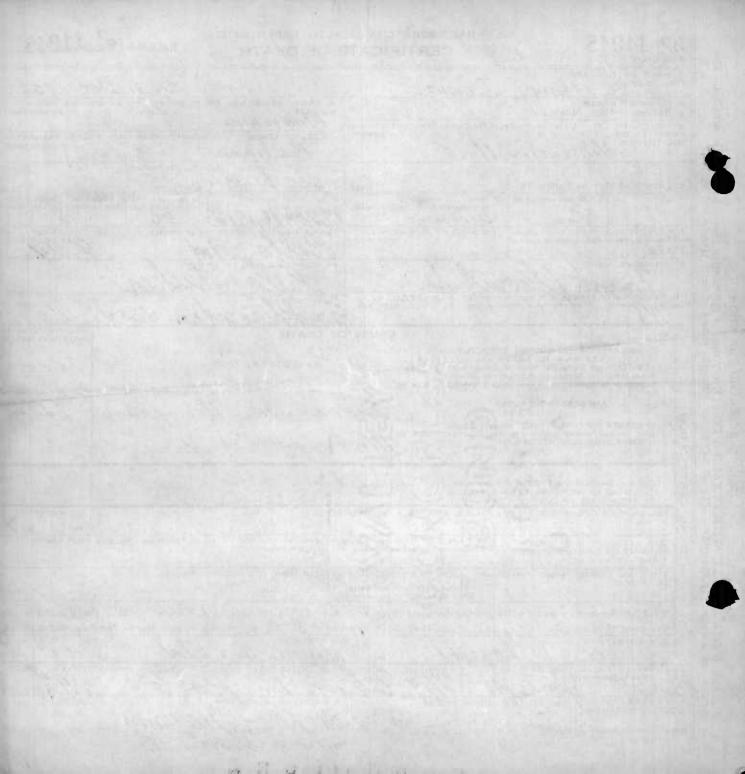
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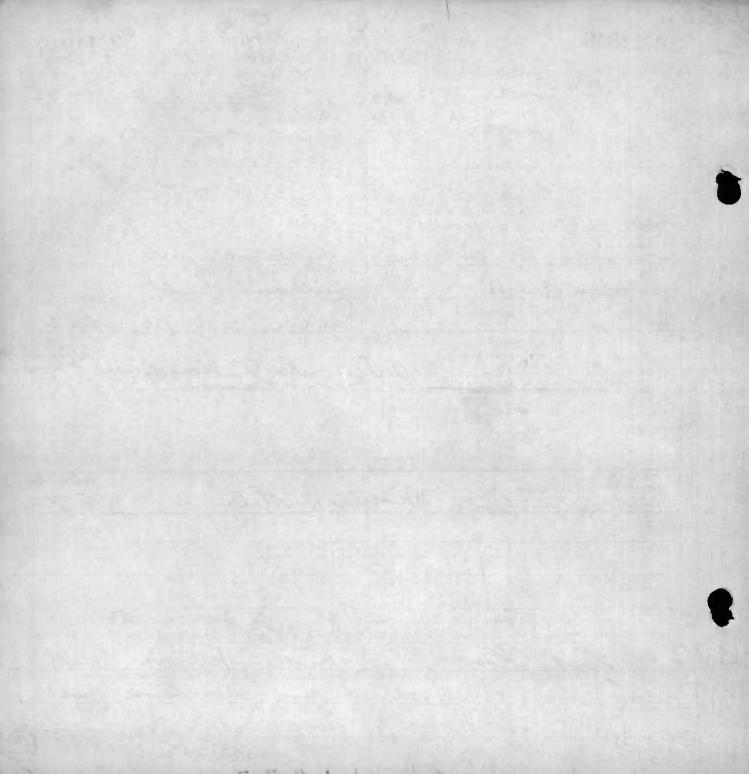
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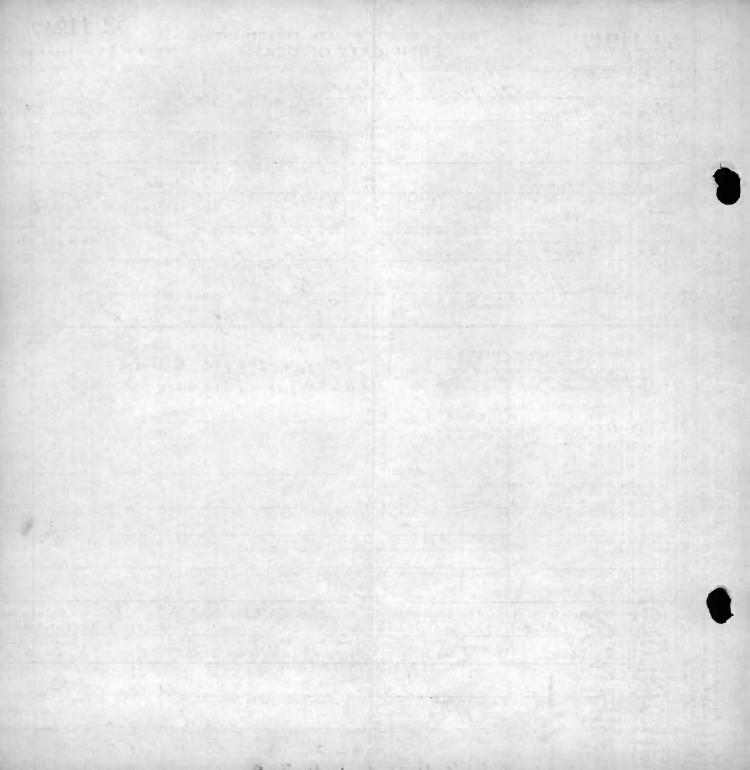
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11945 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RANK STEWART DEATH 3/ supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) ARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) UNIVERSITY HASP PLTIMORE Yrs. D. STREET ADDRESS [If rural, give location] Mos. W. BIDDLE ST c. Length of stay in Baltimore Davs 5. SEX 9. AGE (in years | f Under | Year | f Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) DIVORCED 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State on foreign gountry) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY information s s of death cle WORKED IN TRUEEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or patnown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no pr paknown) SECURITY NO. INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
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			EALTH DEPARTMENT	52 11947				
The		RTH NO.	E OF DEATH	Registered No.				
		NAME OF DECEASED  Sype or Print)  ARGARE	T MEKENINA	2. DATE OF DEATH /2-29-52				
efully supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Whe	re deceased lived. If institution: residence B. COUNTY before admission)				
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fully y.	IN	STITUTION 1108 FILLHORE ST	BALTO	township)				
efu legibly.		Yrs. Mos.	and the same of th	ral, give location)				
		Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		AGE (In years) If Under 1 Year   It Under 24 Hours				
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tion h cl	13	FATT TRIMMER HATS INC.	14. MOTHER'S MAIDEN NAM	E				
VDING information of death cle		JOHN MEKENNA	K. NERN					
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age K	2.	AA, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24D. LOC	ATION (City, town, or county) (State)				
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VS 151 BALTIMORE CITY HEALTH DEPARTMENT

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INTERVAL BETWEEN

ONSET AND DEATH

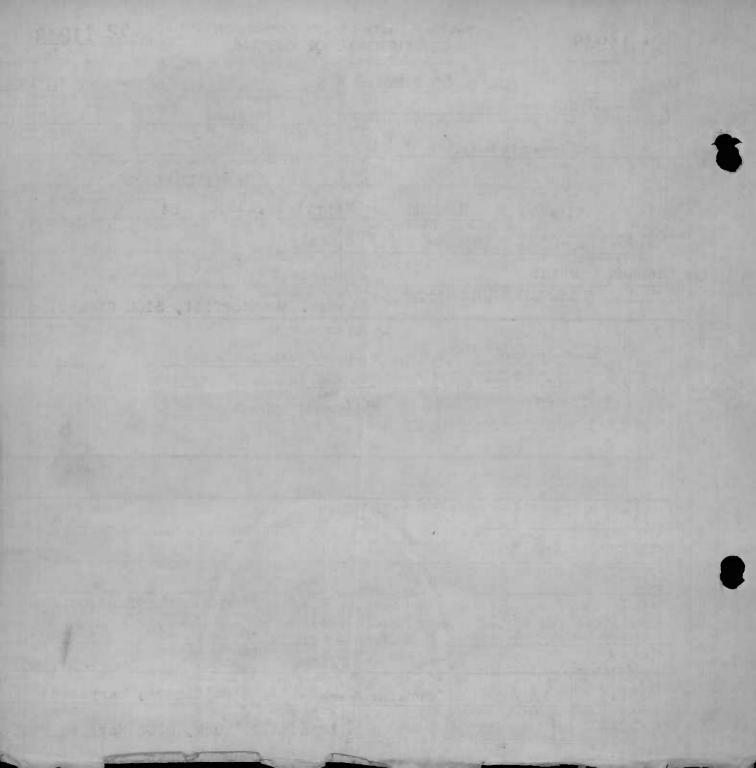
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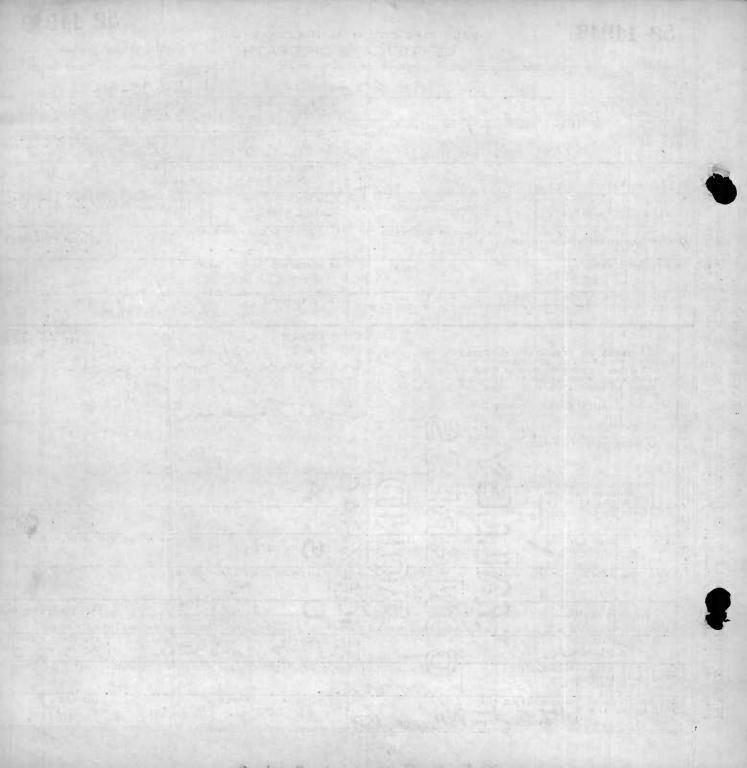
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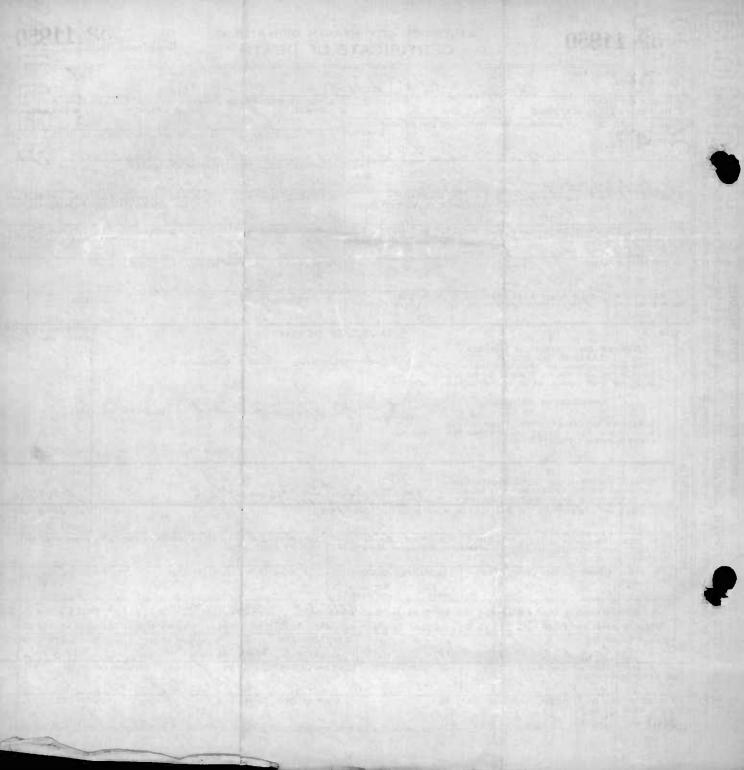
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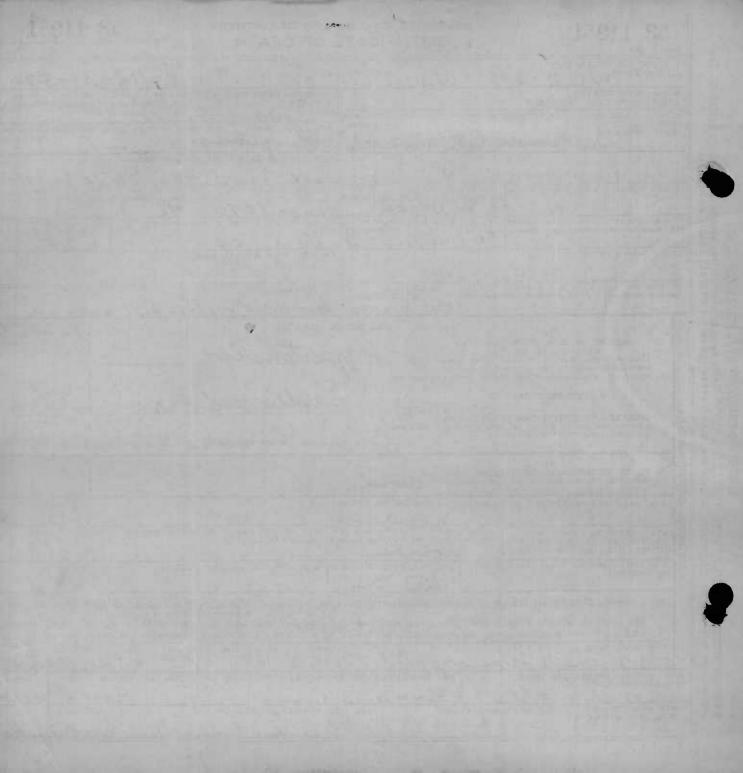
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		Living and Ch. 187. Al.	EALTH DEPARTMENT	19-					
The	BI	RTH NO. CERTIFICAT	E OF DEATH Registered No						
		NAME OF DECEASED  Spe or Print)  John F. McCrae	2. DATE OF DEATH 12-31	-52					
plic		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if ins						
ins	В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)							
binding should refully supplied. is of death clearly and refully.	IN	Provident Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)						
	-	Yrs.	D. STREET ADDRESS (If rural, give location)						
		Length of stay in Baltimore 11 VPS Mos. Days	1726 Thomas Avenue						
		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der I Year   It Under 24 Hours hs: Days   Hours   Min.					
		A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR done during most of working life, even if retired) on tainer Colubustry	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?					
	13	William McCrae	14. MOTHER'S MAIDEN NAME Lula (III) Unknown						
	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL 23SECURITY 1003	17. INFORMANT ADDRESS 7 Lottie McCrae-1726 Thomas Ave.						
44 -		18. 33/X, CAUSE	OF DEATH	INTERVAL BETWEEN					
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
10.00		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
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E WI		They clam M.D.	2327 au huith	1-2-2-3					
SE	TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		county) (State)					
PLEASE WRIT	D	urial 1-4-53   Reford,	25. FUNERAL DIRECTOR	DARESS					
PI	L	JAN 3 1952 Huttington Willinger HJ	mlington S. Phillips 10	nroe st.					
	VS 150 970 3D								



Registered No. 11951 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH L lly supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos c. Length of stay in Baltimore Days 9. AGE (In years | # Under 1 Year | # Under 24 Hours last by thday) | Months; Days | Hours | Min. 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) uilale 1QA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rotk doug during most of working life, eyen if retired) WHATCOUNTRY INDUSTRY Wellin Clen information Muche 13. FATHER'S NAME 14-MOTHER'S MAIDEN NAME awar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If you, give war or dates of service) (Yes, no or unknown) SECURITY NO. item of i INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) ш RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Styllink 1953 to Nec. 31 , 19 57 that I last saw the deceased affe on the . 30 , 1953, and that death occurred at 2 20 m., from the causes and on the date stated above. PLEASE WRITE correct age is esp 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 6007 M. D. ZAC. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24% BURIAL, CREMA-24B. DATE TION, REMOVAL (Speedly 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE VS 150



CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH efully supplied 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY f not in hospital or institution, give street address or B. FULL NAME OF 1+0 HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (In rural, give location) Mos. c. Length of stay in Baltimore Balto. F P Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years 8. DATE OF BIRTH If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) information should lof death clearly an arried NOV.30-1870 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lua Iter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 10-0540 W=F. Walter V121. Taylor 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ardiovascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I certify that I took charge of the remains described above, held an Myury + Justel whereon and from the evidence obtained by said Autopsy, Inspection Inquiry, find that said declared diet on the day stated above, and death in my opinion resulted from: natural causes of accident , suicide , homicide , undetermined . 234. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Salto no Suria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRATS Ferneral Home 7401. Belan Rd V S 151



MARGIN RESERVED FOR BINDING

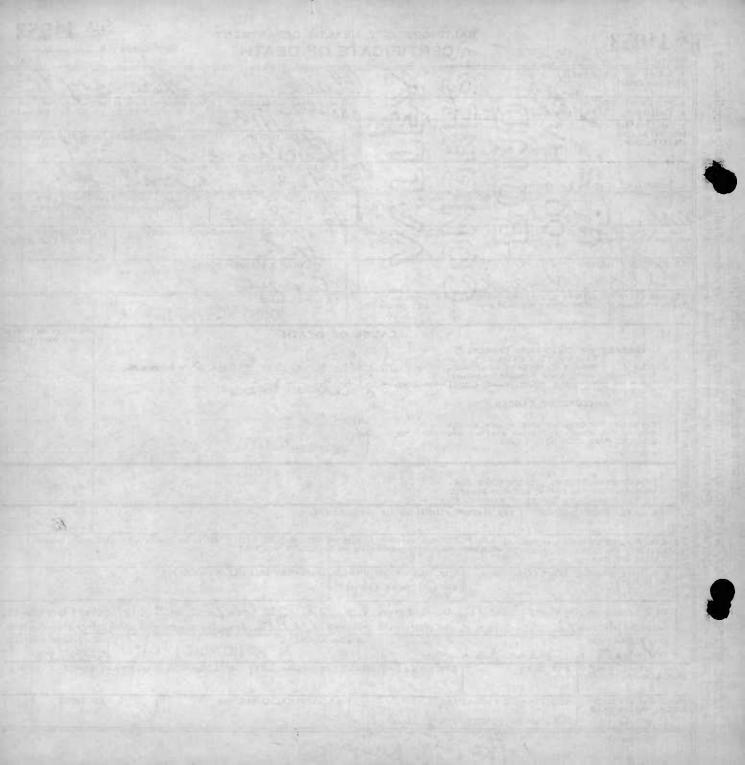
52 11952

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

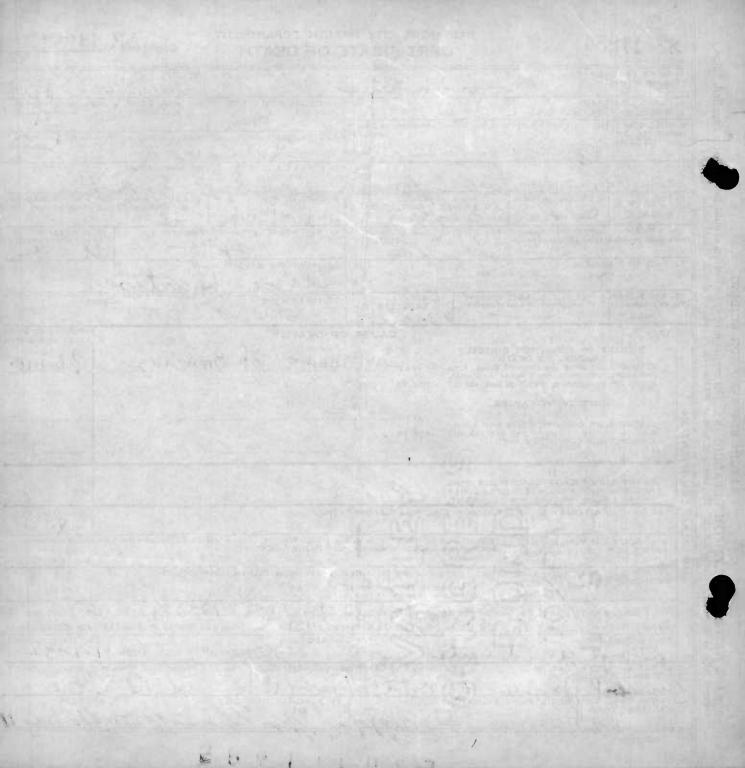
52 11952 Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	RT EISINGER	2. DATE OF	71 1052
3. PLACE OF DEATH: A. Baltimore City, Maryland	REDWICK IN	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospita	al or institution, give street address or		
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate limit	ts, write RURAL and give township)
606 Tyanoke	Ave.	Baltimore	Q / www.sinp)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore	Mos. Days	606 Wyanoke Ave.	
5. SEX 6. COLOR DR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years lest hinthday) M	if Under 1 Year   If Under 24 Hours on the Days Hours Min.
M	Widowed	Aug. 15. 1868 84	onens Days Hours Min.
10A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY		WHAT COUNTRY?
13. FATHER'S NAME		Baltimore Md.	USA
Paul L. Eisinger 15. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	Johannah Schmidt	
(Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.		DDRESS
No	No	Mrs. Eller E. Melvin Same	3
DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ea  ANTECEDENT CAUSI  DISEASES OR CONDITIONS. IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS  OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	f dying, e. g., as the disease, aused death.)  ES  ANY. GIVING STATING THE DUE TO  TIONS CON-NOT RELATED	ti Coronary Occlus walized arterioscler	sis 10 yrs.
19A, DATE OF OPERATION A LIS	BB. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Į.			YES ND
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, etc.) INJURY OCCUR?	give exact location)
ZID. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE AT NOT WHILE		
	m.   WORK   AT WORK	7	2 .1 . 7 2
		27, 1952, to Dec 31, 195	
23A. SIGNATURE		rred at//- 30 A m., from the causes and on t	LEBC. DATE SIGNED
Floyd	E. Laylor M.D.	3 902 Greenmount on.	Jan. 2 1952
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		ERY DR CREMATORY 24D. LOCATION (City, town	(State)
Burial Jan. 3	3. 1958 Loudon Pk Ce	em. Baltimore Md.	
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	125. FUNERAL DIRECTOR . Jon Ine !	Bell ned
VS 150			

C50 1195	3 - 31375		EALTH DEPARTMENT	Registered No	2 11953
1. NAME O (Type or Pri	F DEATH! e City, Maryland ME OF (If not in hospital or	Boy A C LA Pre- institution, give street address o		B. COUNTY	before admission)
HOSPITAL O		S HOSPITAL  Yrs. Mos. Days	Baltimo	outside corporationits,	write REAL and give township)
pun Male 10A. USUAL work done during	Colored 7.	MIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	last birthday) Mont	der I Year If Under 24 Hours has Days Hours Min.  2. CITIZEN OF WHAT COUNTRY?
Yes, no or unkno	EASED EVER IN U. S. ARMED FOR wa) (If yos, give war or dates of se	CCES7 16, SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NO.		DRESS
G INK. Every item of please write the cause plant.  GINK. Every item of please write the cause plant.  Injury DISEA RISE DE CAUSE	EASE OR CONDITION DIRE LEADING TO DEATH loes not mean the mode of dy ailure, asthenia, etc. It means th or complication which caused ANTECEDENT CAUSES  SES OR CONDITIONS, IF ANY O THE ABOVE CAUSE (A) STAT RLYING CONDITION LAST.	ectly ing, e. g., e disease, d death.)  DUE TO  C  (B)	OF DEATH  Line membrane  atelectasis	divaso	INTERVAL BETWEEN ONSET AND DEATH
TRIBUTO TH	II R SIGNIFICANT CONDITION ING TO THE DEATH, BUT NOT E DISEASE OR CONDITION CAU E OF OPERATION   198. N	RELATED	RATION		20. AUTOPSY?
MEDICAL MEDICAL	CIDENT WAS UNDER.   2	1s. PLACE OF INJURY (e. g., ut home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City, giv	YES NO
OF INJU	reby certify that Jattendo lalive on 12-33, 19 NATURE L. CREMA-1 24B, DATE	m. WHILE AT NOT WHILE AT WORK	rred at 12 3, Cm., from to 238. ADDRESS JOHNS HOPK	2	230 DATE SIGNED
DATE RECE LOCAL REG VS 15	5 1953 Huntings	- 11/110	25. FUNERAL DIRECTOR		ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT. Registered No. 11954 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Startwe fully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days ld be 7. SINGLE, MARRIED, WIDOWED, D. VORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) if Under 1 Year last birthday) Months: Days Hours: Min. information should s of death clearly ar 16-10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL of 4/8-1080 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of Branchus rcinoma LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION LY, WITH important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED, 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 1952, to 12-30 . 1952 that I last saw the 22. I hereby certify that I attended the deceased from. . 1953, and that death occurred at 11.15 Pm., from the causes and on the date stated above, deceased alive on 12 30 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL M. D 24A. BURIAL, CARMA-TION, REMOVAL (F 1964(y) 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATOR DATE RECEIVED BY ADDRESS REGISTRAF S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

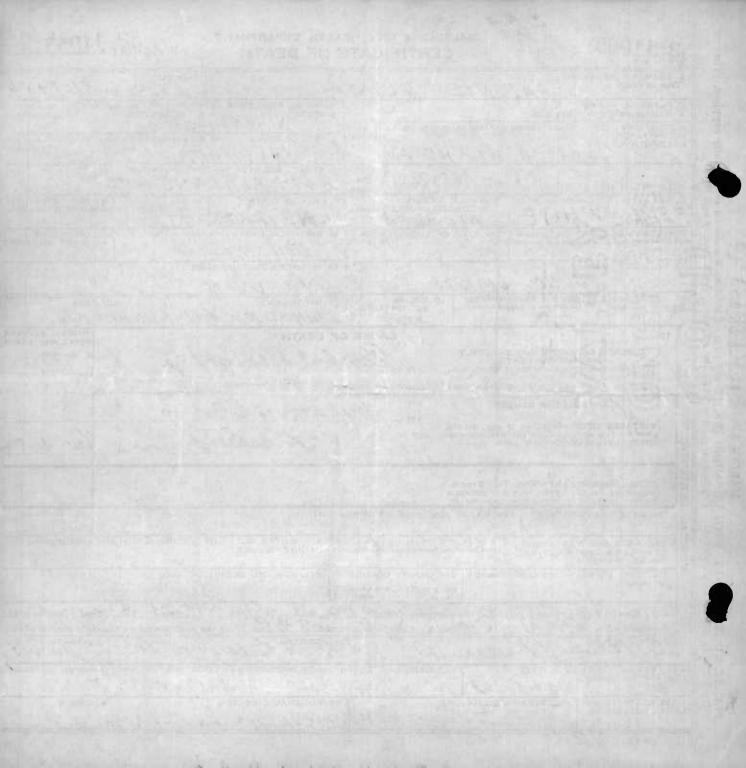
ONSET AND DEATH

20. AUTOPSY

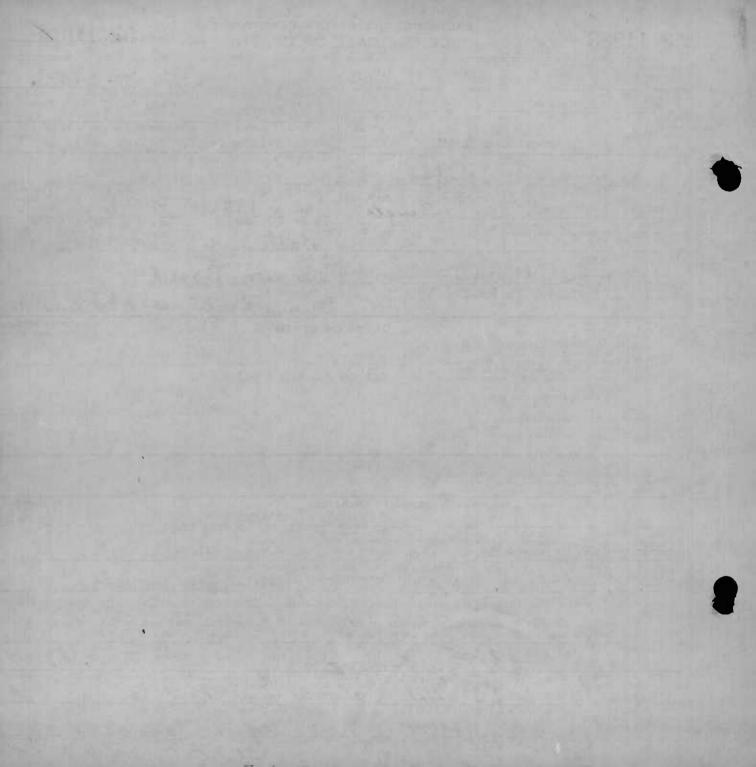
U.S.A.

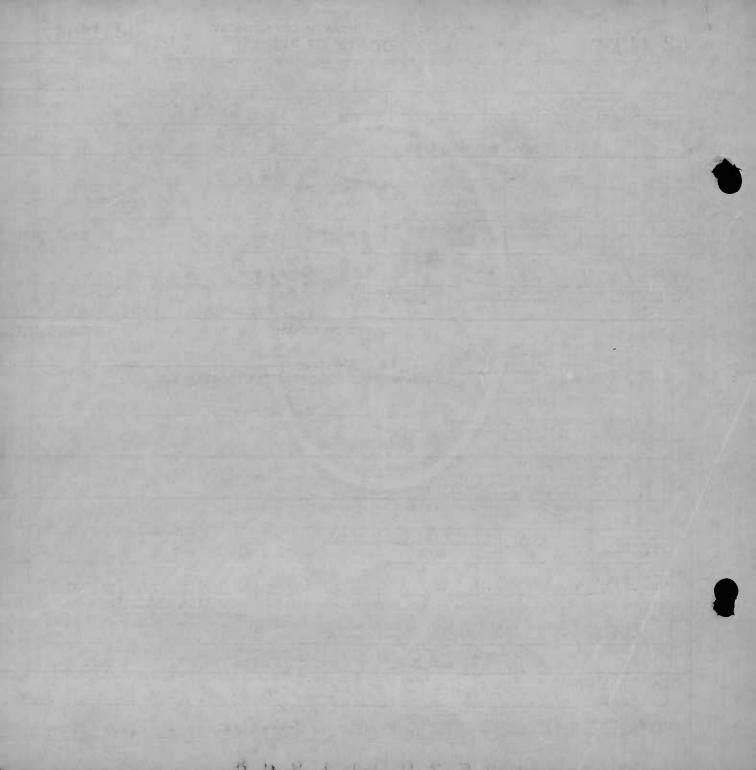
PLEASE WRITE

BALTIMORE HOLY REDEEMER BURAAL 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR FR. CVACH & SON 900 N. CHESTER ST. VS 150



BALTIMORE CITY HEALTH Registered No. 1956 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF BERNICE BASSIL Dec. 30, 1952 DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give fully Provident Hospital Baltimore legibly. D. STREET ADDRESS (If rural, give location Yrs. Mos. 505 Dolphin Street c. Length of stay in Baltimore Days 6. COLOR OR RACE MARRIED 9. AGE (In years | Munder | Year | Munder 24 Hours | last birthday) | Months; Days | Hours | Min. 7. SINGLE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female Colored should 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) clearly 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 70NL information s of death cle 14. MOTHER'S 13. FATHER'S NAME MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nuknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. Jo CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Asphyxia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED DUE to Carbon monoxide poisoning injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: (C) .... MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION HLIM YES important. 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) home 505 Dolphin Street 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE Suffocated during conflagration especially 1952 10:00 A. Dec. WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above WRITE and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ...... X age ASSISTANT MEDICAL EXAMINER Dec. MEDICAL INVESTIGATOR. PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY correct DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR





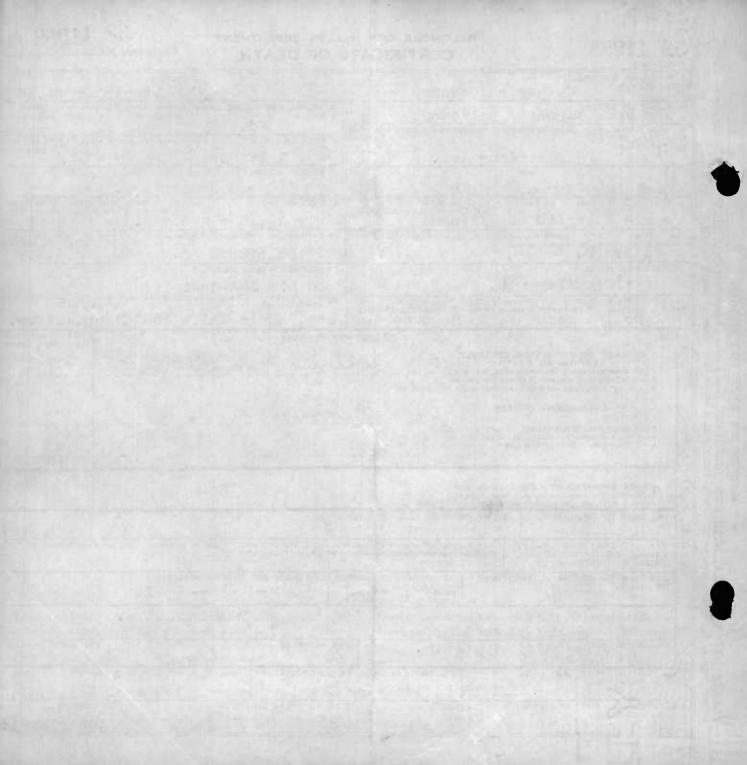
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 11958 Registered No.

KRAUSE FUNERAL HOME 1216S. CharlesSt.

BIF	RTH NO.			OBITTI TOTT	- 01 -		
1. I	NAME OF I					2. DATE	
(13	pe or rrint,	Catheri	ne Ne	vaker		DEATH De	cember 31.195
A. ]		City, Maryland		imore	A. STATE	ENCE (Where deceased live B. COUNTY	
HO	TULL NAME SPITAL OR STITUTION			tion, give street address or location)	c. CITY OR TOWN		limits, write RURAL and giv
10	()	3605 Edmond	son A	ve,		imore of	0-01
. ,	Commath of	otom in Dolting	Life	Yrs. Mos.		ESS (If rural, give location	
	SEX	stay in Baltimore		Days E. MARRIED.	8. DATE OF BIRTH	Edmondson Av	(filledge ) Vege   If Hadge 21 House
F	emale	White	Windy	VED, DIVORCED (Specify)	July 19,1	866 86 yrs.	Months Days Hours Min
10A	House	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		State or foreign country)  More Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.
	FATHER'S				14. MOTHER'S MA		1 0.0.22.
		liam Eckard			Sophia I		
15. Yes.	WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
m	no	none		none	Mrs. Anni	e Smith 3605	EdmondsonAve.
	18. 4	22/		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0.1	l. r	1	ONSET AND DEATH
	(This doc	s not mean the mode of	f dying, e. 1	g., (A)	unue Mu	1 reardetos	6915
	heart fail	ure, asthenia, etc. It mea complication which c	ns the diseas	e.	***************************************	•	9
				.,	+		7
-		ANTECEDENT CAUS	ES	(2	terrosele	win	
5	DISEASE	S OR CONDITIONS, 11	ANY, GIVIN	4G (B)	***************************************		
	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO			
3				(C)			
RIFICALION	OTHER	SIGNIFICANT CONDI	TIONS COL				Management of the second secon
H .	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	D			
			The second second	FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL							YES NO L
בחוכו	21A. ACCIL LYING C	DENT WAS UNDER	218. PL	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21C. WHERE D	OID (If in Baltimore Ci R?	ty, give exact location)
S  -		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 215 HOW DID	INJURY OCCUR?	
	OF INJURY	(2017)		WHILE AT NOT WHILE WORK AT WORK			
	22. I herei	by certify that I att	ended the	deceased from a	red at 130 m	1 to Dec 31 1	9 that I last saw th
	deceased of	live on A U4 14	1952	and that death occur	rred at 130 m	from the causes and o	n the date stated above
	23A. SIGNA	TURE	rue 1	12	3603 Zdu	medsur Est	23g. DATE SIGNED
24	-	9 01		M. D.   24C. NAME OF CEMETE	0000	240. LOCATION (City, to	own, or county) (State)
TIOI	Buria. Buria.	Specify) Jan. 3			Cemetery	Frederick Av	
	TE RECEIVE	D BY   REGISTRAR'			25. FUNERAL DIR	ECTOR	ADDRESS
1	CAL REGIS	1050 Tunting	on Wat	LAMA M.D	KRAUSE FUN	ERAL HOME 121	65 Charlesst

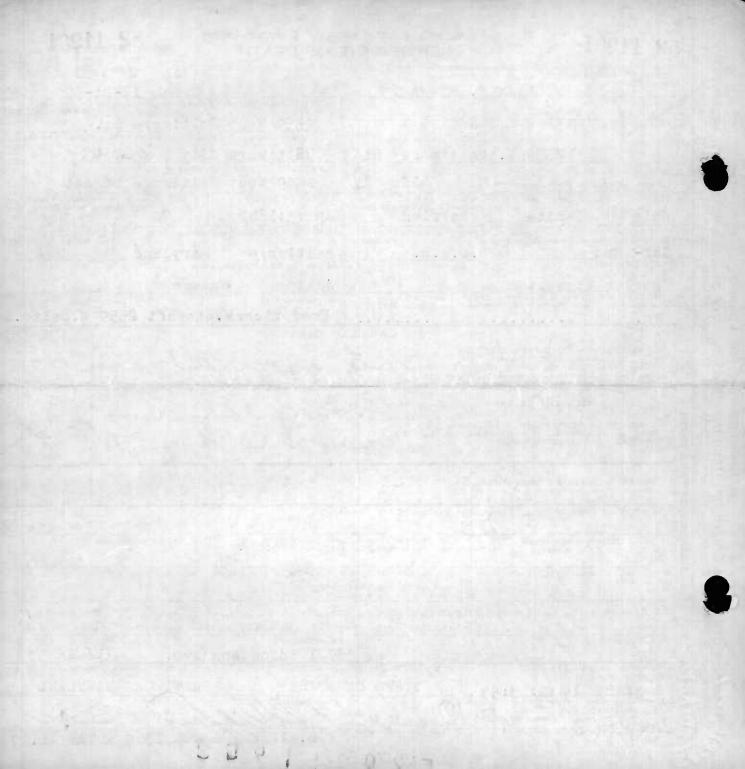
VS 150



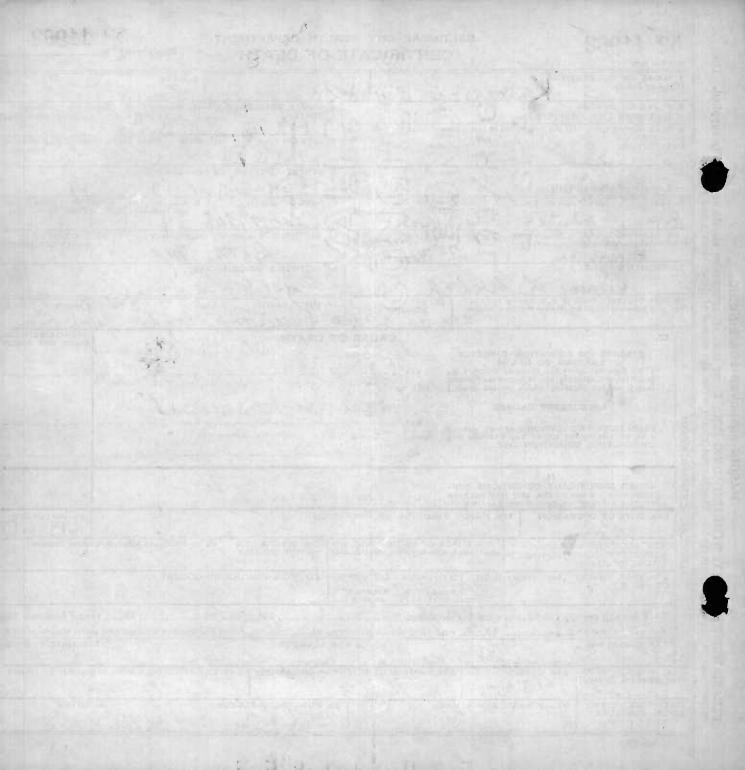
BALTIMORE CITY HEALTH DEPARTMENT Registered No 11900 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland P A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) ully C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. イントライクラン c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) 8. DATE OF H Under 1 Year WIDOWED, DIYORCED (Specify) last birthday) Months Days Hours Min. arried clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s abover. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Siah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO Jo INTERVAL BETWEEN item 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20, AUTOPSY? important. NO (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE / 2-29 . 192 that I last saw the 22. I hereby certify that I attended the deceased from / Z. & . 19 2 deceased alive on 12.29, 195, and that death occurred at m., from the causes and on the date stated above 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 2-26.5 M. D. 24A. BURIAL, CREMA-24B. DATE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24c. NAME TION REMOVAL (Specify) Duna DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

LICENSE WO SHE NO IN SA SECTION OF STREET

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ally supplied. WILLIAM F. STEWART DEATH 12-31-52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 2559 West Baltimore St. HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION 2559 W. Baltimore St BEltimore City D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2559 West Baltimore Street c. Length of stay in Baltimore Days 5. SEX information should be of death clearly and 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify)
Married B. DATE OF BIRTH If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours: Min. Male White Apr:3:1882 10A. USUAL OCCUPATION (Give kind of II. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Car- Man B.O.R.R. Maryland Baltimore USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Stewart Adline Waters 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO FredericaaM. Stewart 2559 W. Balto. S of No. INTERVAL BETWEEN 18. CAUSE OF DEATH 20,1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: pl UNDERLYING CONDITION LAST. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 12-31, 19 that I last saw the 12-30 22. I hereby certify that I attended the deceased from\_ 195 to\_ PLEASE WRITE correct age is esp deceased alive on 1954, and that death occurred at 12 Nm, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 3921 Edmondson Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) WESTERN CEMETERY BALTIMORE MARYLAND BURTAI JAN: 3:53 DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR witneston VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 1715EL HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write HURA Fand give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 04 Davs information should be of death clearly and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years | Months; Days | Hours; Min. II Under 24 Hours WIDOWED, DIVORCED (Specify) WIDOUC 10A. USUAL-OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTS Mousewife 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN item 18. CAUSE OF DEA ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY HIIM (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 1952 to Rec 31, 1952, that I last saw the 22. I hereby certify that I attended the deceased from Occ. 27 1952, and that death occurred at 156 m., from the causes and on the date stated above, PLEASE WRITE correct age is est deccased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24B. DATE 24C NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) suria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 44 O E.



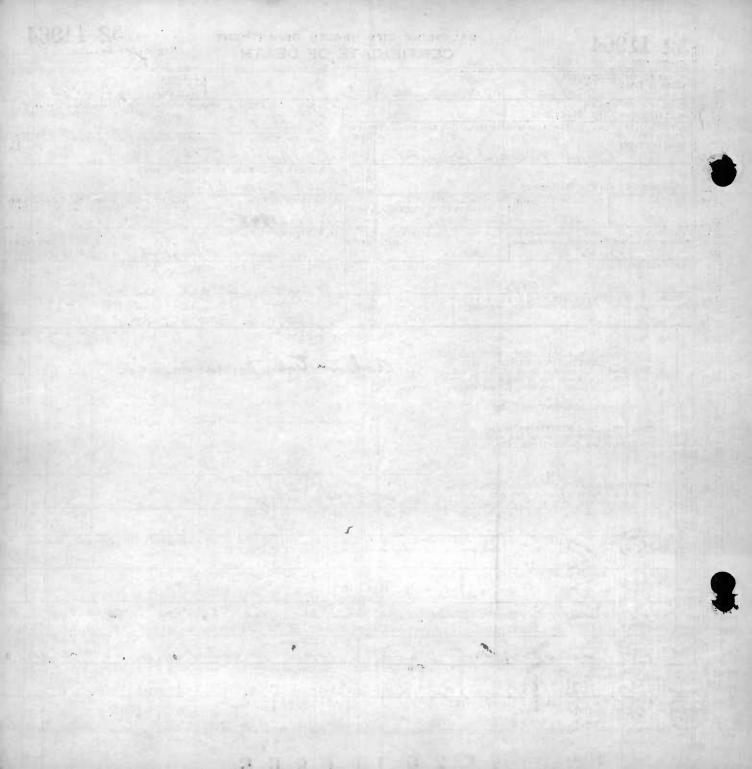
The 7	В	52 11963  BALTIMORE CITY HI CERTIFICAT	EALTH DEPARTMENT  E OF DEATH  Registered No.	11963
supplied. 7	3. A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location)		before admission)
be dally did legrow.	IN C.	CHINS HOPKINS HOSPITAL  Yrs. Mos. Days  SEX [6.COLOR OR RACE   7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location)	nder I Vear   If Under 24 Hours
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ESE INK.	-ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Arter  (B) Arter  (C)	nio sclenofic Heart Diseas enfensive Vascular Diseas	e Many you
MARGIN H I UNFADING Physicians: p	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITH mportant.	MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, given in the control of the control o	YES NO T
CIN MY		21b. TIME (Month) (Day) (Year) (Hour)  OF INJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from	2 8 ,1952 <sub>to</sub> 12 31 ,1952	that I last saw the
PLEASE WRITE	2.4 Ty		rred at \$10 Pm., from the causes and on the 238. ADDRESS HOPKINS HOSPITAL ERY OR CREMATORY 240. LOCATION (City, town, o	1-2-53
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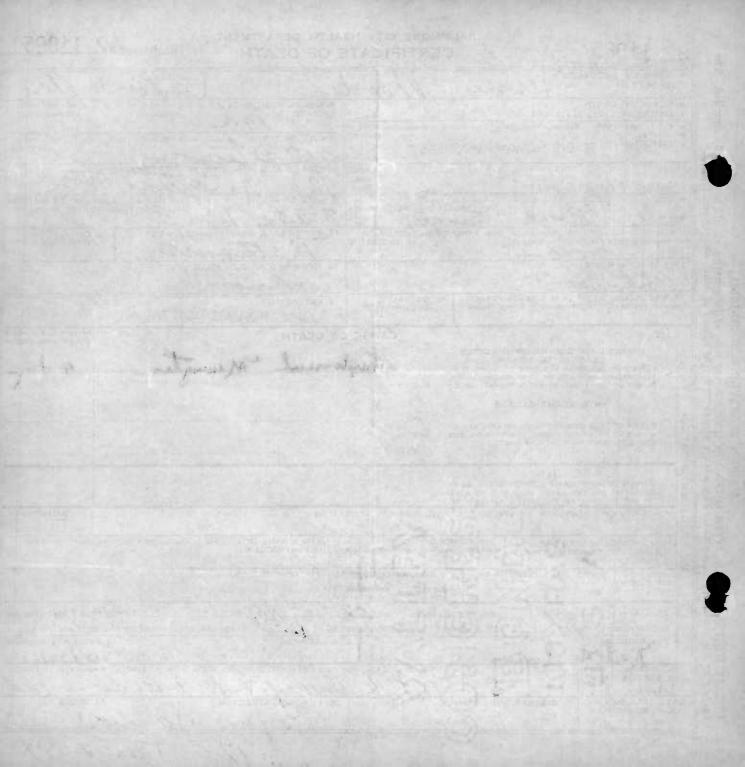
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RESERVED



W.	1 -	3 20	1965 EALTH DEPARTMENT	
The	5	RTH NO. SIM Socate CERTIFICAT	E OF DEATH	Registered No. 11965
		ype or Print) erome Wood	le	2. DATE OF Qe - 30- 1952
tlly supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	ere deceased lived. If institution: residence B. COUNTY before admission)
ly su	H	FULL NAME OF (It not in hospital or institution, give street address or location) STITUTION JOHNS HOPKINS HOSPITAL		tside corporate Amits write RURAL and give
E.V.	3	Yrs.	D. STREET ADDRESS (IET)	(al, give location)
legi		Length of stay in Baltimore Mos. Days	1231 h. Ce	utral he
and l	5.	SEX OLOR OR RAGE 7. SINGLE, MARRIED, WIDOWED, DIYORCED (Specify)	8-23-47	AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min.
VDING information should of death clearly ar	loworl	A. USUAL OCCUPATION (Give kind of done during most of working life, eveptif retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)   12. CITIZEN OF WHAT COUNTRY
ttion th cl	13	FATHER'S NAME	14. MOTHER'S, MAIDEN NAM	
orms dea	-4	(Inknown)	Unknown	
BINDING of inform uses of dea	(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  [16, SOCIAL SECURITY NO.]	JOHNS HOPKINS H	ADDRESS IOSPITAL
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F. 5.		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,	tourcul Man	The 4 days
RESERVED F INK. Every please write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		4
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MARGIN I UNFADING Physicians: F	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
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		2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK		OCCURY
per		22. I hereby certify that I attended the deceased from 1	0 1/4 - /	causes and on the date stated above.
PLEASE WRITE I		deceased alive on 2-30, 19 12 and that death occu	23B. ADDRESS	23c. DATE SIGNED
E WI	24	M. D.  A. BURIM, CREMA- 24B. DATE   24C. NAME OF CEMEN	JOHNS HOPKINS	
ASE ect	TU	A. BURING, CREMA- 24B. DATE 24C. NAME of CEMETER 1 24C. NAME of CEMETER 1 - 5 - 5 3 MX	alvary Em.	a.a. Co. md
PLE	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	-	AN 5 1953 The first Williams Mg	aymen.	E P. T. OV
	11		21/0	· () Keslow JX



//-	610 52 41000	11900 X				
The		E OF DEATH Registered No. 11966				
	1. NAME OF DECEASED (Type or Print) BABY GIRL MURPHY	2. DATE OF DEATH [2-18-52				
supplied.	A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY , before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
allly y.	LUTHERAN HOSPITAL OF MD.	BALTIMORE (township)				
legibi	Yrs.  c. Length of stay in Baltimore  3 MINUTES Days	D. STREET ADDRESS (If rural, give location)  71 EDMONDSON RIDGE ROAD #28				
p	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours				
ould ly a	TEMPLE WHITE SINGLE	12.18.52 0 3				
sh	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
tion th c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
NG rma deal	JAMES L. MURPHY	MARGARET A. DONOHUE				
BINDING of information should uses of death clearly ar	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
it it	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	FASTE AND A PLANT A AS A 3				
- 1	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
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Ph. Ph.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	AL PLACENTA PREVIA-				
WITH rtant.	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20, AUTOPSY?				
Y, WIT	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. REACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	io or 21C. WHERE DID (If in Baltimore City, give exact location) ,etc.) INJURY OCCUR?				
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Str. Carlo	m.   WHILE AT   NOT WHILE AT   NOT WHILE AT   NOT WHILE AT   NOT WHILE AT WORK					
TE F	22. I hereby certify that I attended the deceased from					
RITI is es	deceased alive on 12/18, 1952, and that death occu	urred at 10 7m., from the causes and on the date stated above.  235CADDRESS   23C. DATE SIGNED				
E Wi	MON COURS D M.D. E	Xutheran Hosp of Md. 12-18-52				
PLEASE WRITE correct age is esp	24A. SURIAL CREMA 24B. DATE 24C NAME OF CEMET TION, REMOVAL (Specify)	S MEDICAL SCHOOL DE C 2 9 1952				
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
Ho	IAN 5 1953	Huntington Williams, Mit.				
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	o F O B O					

5; BI	RTH NO. 32-30795 CERTIFICATE	
(T	NAME OF DECEASED BABY GIRL CAMPBE	2. DATE OF 12/21/52
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE  B. COUNTY before admission to the state of t
H	STITUTION University Huspidal location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi
c.	Length of stay in Baltimore  New Born Mos. Days	o. STREET ADDRESS (If rural, give location)
5.	SEX 6. COLOR OR RACE 7. SINGLE MARIED (Specify)	B. DATE OF BIRTH  12/21/52  9. AGE (In years   If Under 14 Hours   Minder 24 Hours
10 orl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13	Robert Columbus Compbell	14. MOTHER'S MAIDEN NAME
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	
Ü	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	TION   20, AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in obout home, farm, factory, street, office bidg., et	
ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  m, WHILE AT NOT WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?
		a1/52, 19, to 12/21/5219, that I last saw to ed at 430 m., from the causes and on the date stated about B. ADDRESS  Clowers Hosp   12/21/52
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER N, REMOVAL (Specify)	
2.4 TIC	N, REMOVAL (Specify)	(INS MEDICAL SCHOOL DEC 2 2 1952

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Barbara supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) 1-010 (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year It Under 24 Hours last birthday) Months; Days Hours; Min. 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. INTERVAL BETWEEN y item CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Every heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK , 1952 that I last saw the 22. I hereby certify that I attended the deceased from 1952-to\_ PLEASE WRITE correct age is est deceased alive on 1/Da 1952, and that death occurred at 102 am., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR FELLALUAalon VS 150

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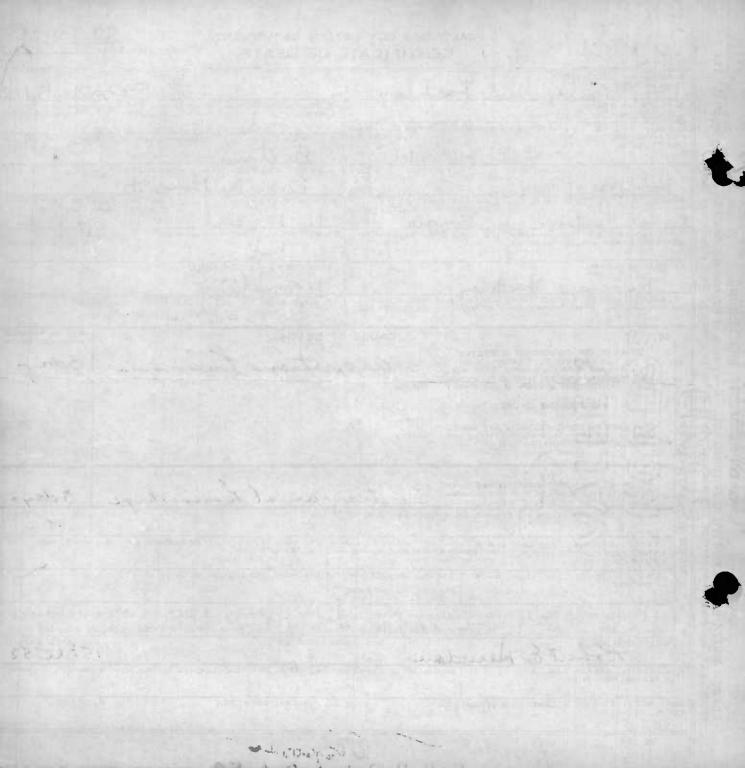
52 11969 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (Li rural, give location) Mos. c. Length of stay in Baltimore Davs information should be of death clearly and 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) if Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Sulles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknowa) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. 17 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Prematurity LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 2IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 12/10, 1952 that I last saw the 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE 12/10, 1952 and that death occurred at 3 mm., from the causes and on the date stated above. deccased alive on\_\_\_ 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED elsen 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY / 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

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Tuy.	IN	OSPITAL OR INTERIOR Hospital of mel-	Bultame a	e corporate limits, write RURAL and give township
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ld be	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9/AC	GE (In years   If Under I Year   If Under 24 Hours   Min.
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any		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E	
TE P		22. I hereby certify that I attended the deceased from 12 deceased alive on 12 / 23, 195 Z and that death occur		1952 that I last saw the uses and on the date stated above.
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SE ag	24 TIC	AA. BURIAL, CREMA- 248 DATE 24C. NAME OF CEMET	ERY OR CREMATORY	ON-City, town, or county) (State)
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BALTIMORE CITY HEALTH DEPARTMEN Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution give street address or B. FULL NAME OF HOSPITAL OR location) ntside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days information should be 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR [HPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) MOUSTRY WHAT COUNTRY? Tout 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or anknown) (If yes, give war or deten of nervice) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO JOHNS HOPKINS causes HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: CA. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED NON TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X NONE 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT AT WORK WORK 15 19 that I last saw the 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE correct age is est 1952, and that death occurred at 130 Am., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED HOSPITAL 24A. BORIAL, CREMA-TION, DEMOYAL (Specify) 244. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 111.2 Junkowskow VS 150

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egibi.	JOHNS HOPKINS HOSPIT	Yrs. D. STREET ADDRESS	
ld be	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRI WIDOWED, DIVO	RCED (Specify)	9. AGE (in years li Under 1 Year last birthday) Months Days Hours Min.
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f deat	13. FATHER'S NAME  JOSEPH Jashley  15. WAS DECEASED EVERIN U. S. ARMED FORCEST   16. SOC	14. MOTHER'S MAIDEN  17. INFORMANT	ADDRESS
n of in	(Yes, no or unknown) (If yes, give war or detes of service) SEC		OPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH
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Phy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	intracranial &	anshige 3 days
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A. y impo	S STORY OF STATE	JRY OCCURRED 21F, HOW DID INJ	
ITE PI especi	22. I hereby certify that I attended the decease deceased alive on 12-)5, 1952, and tha	t death occurred at, from	m the causes and on the date stated above.
SE WRITE	Kohut E. Nerudou	M. D. JOHNS HOPKI	NS HOSPITAL 1500C.'52
PLEASE correct ag	DATE RECEIVED BY RECISTRAR'S SIGNATURE!	WA- M.Z. 25. FUNERAL DIRECTO	DR ADDRESS
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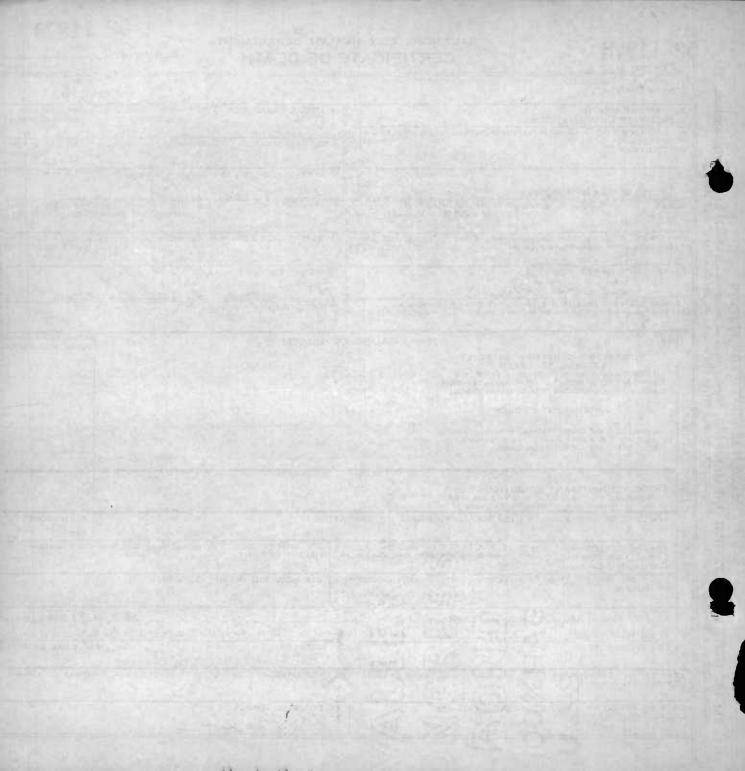
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should be carry supplied.	A.		EATH: City, Maryland			A. STATE	4. USUAL RESIDENCE (Where deceased lived, If institution; resident A. STATE B. COUNTY before adm	
	H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospital location)  4940 Eastern Ave					f outside corporage limi	ts, write RURAL and give township)
			tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)		
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ally	Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK			
PLEASE WRITE PL.		22. I hereb deceased al	live on Dec 26.5	ended the 219		23 , 1952, t Dec rred at 4.30am from 1 238. ADDRESS 4940 Eastern Ave		, that I last saw the he date stated above.  23c. DATE SIGNED  12.26.52
	TI.	4A. BURIAL, ( ON REMOVAL (S Cremation ATE RECEIVE DCAL REGIST	OCATION (City, town	, or county) (State)				

## BALTIMORE CITY HEALTH DEPARTMENT

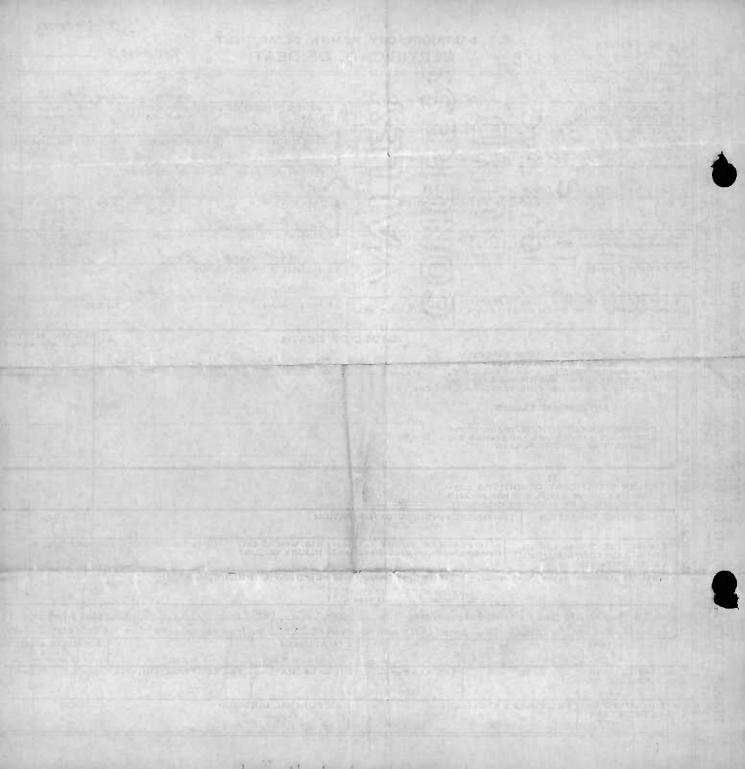
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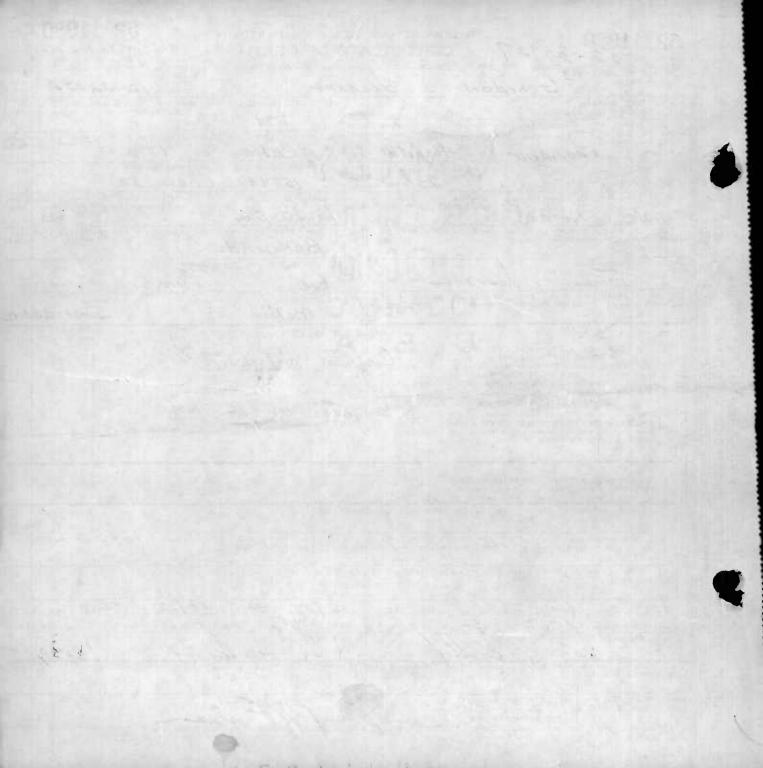
ВІ	RTH NO. 02 -30808 CERTIFICATI	E OF DEATH Registered No
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-	Your 16 Solver	D. STREET ADDRESS (If rural, give location)
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AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
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		red at 645? m., from the causes and on the date stated above.
	23A. SIGNATURE DOLL O TOY ON M. P.	23c. DATE SIGNED
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0	emalion 1/3/53 City more	200 Flat St
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

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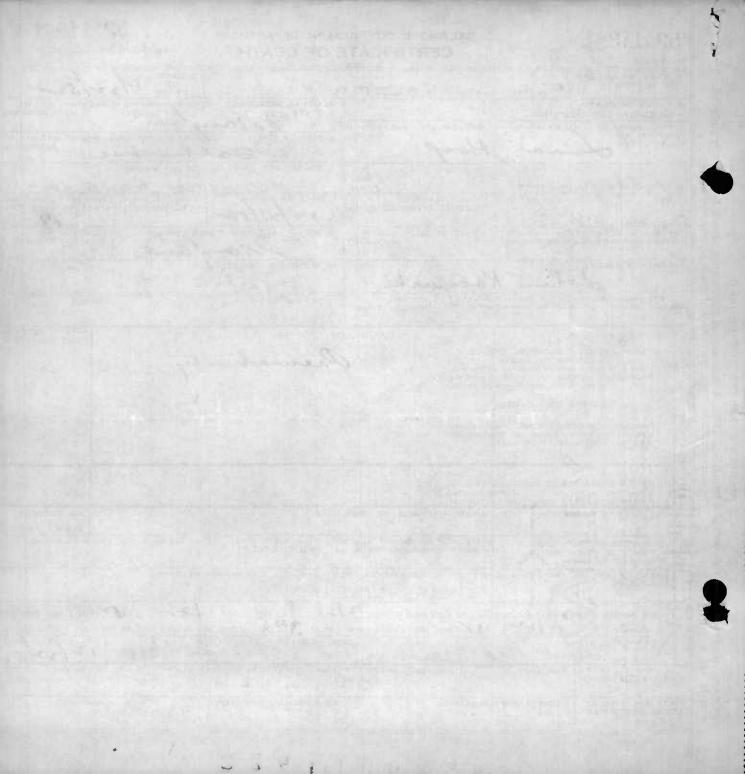


52 11979 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF by supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CIT OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION information should be confident of death clearly and legibly. Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours | Min. 10A. USUAL OCCUPATION (Givekind of II. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING stow ( chale 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
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BI	IRTH NO. 2	2-307	17 CE	RTIFICATE	OF DEATH	Registe	ered No
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H	OSPITAL OR NSTITUTION	of the not in hospi	ital or institution, g	give street address or location)	c. CITY OR TOWN		e limits, write RURAL
d a	Langth of at	ay in Baltimore		Yrs. Mos.	D. STREET ADDRESS		
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worl	k doneduring most of	CUPATION (Give kind of working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O
13	3. FATHER'S N	AME (	Kan	4:	14. MOTHER'S MAIDE	NAME	
15	5. WAS DECEASE	D EVER IN U. S. ARME	D FORCES? 16	. SOCIAL	17. INFORMANT	c.a.	ADDRESS
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EDICAL CERTIFICA	DISEASES RISE TO TH UNDERLY  OTHER SI TRIBUTING TO THE DIS  19A. DATE OF  21A. ACCIDE LYING OR CAUSE OF E  21D. TIME (I) OF INJURY	OR CONDITIONS, IE ABOVE CAUSE (A ING CONDITION LE CONDITION LE CONDITION LE CONTRIBUTING CONTRIBUTION CONTRIB	ans the disease, caused death.)  ISES  IF ANY, GIVING DISTATING THE CAUSING THE CAUSING IT.  19B. MAJOR FINE CAUSING IT.  21B. PLACE CAUSING IT.  (Hour) 21E. WHILE CAUSING IT.  21C. CAUS	DUE TO  (B)  DUE TO  (C)  NDINGS OF OPERA  OF INJURY (e. e., io actory, street, office bidg., etc.  INJURY OCCURRE  E AT NOT WHILE  AT WORK  eased from 12  that death occurr	TION  21c. WHERE DID INJURY OCCUR?  21f. HOW DID IN	(If in Baltimore	City, give exact location of the state of th
MEDICAL CERTIFICA	DISEASES RISE TO TH UNDERLY  OTHER SI TRIBUTING TO THE DIS  19A. DATE OF  21A. ACCIDE LYING OF LYING OF INJURY  22. I hereby deceased ali	OR CONDITIONS, IE ABOVE CAUSE (A ING CONDITION LE CONDITION LE CONDITION LE CONTRIBUTING CONTRIBUTION CONTRIB	ans the disease, caused death.)  ISES  IF ANY, GIVING STATING THE AST.  DITIONS CONTROL THE AST.  DITIONS CONTROL THE AST.  IT ANY, GIVING STATING THE AST.  DITIONS CONTROL THE AST.  IN CAUSING IT.  198. MAJOR FIN STATE ST	DUE TO  (B)  DUE TO  (C)  NDINGS OF OPERA  OF INJURY (e. e., io actory, street, office bidg., etc.  INJURY OCCURRE  E AT NOT WHILE  AT WORK  eased from 12  that death occurr	TION  21c. WHERE DID INJURY OCCUR?  21f. HOW DID IN  21f. HOW DID IN	(If in Baltimore  JURY OCCUR?  on the causes and  the causes and  Location (Cit)  JAN 8 195;	City, give exact location of the date stated   23C. DATE S



## BALTIMORE CITY HEALTH DEPARTMENT

J	K s	11000
Registered	No.	

BIRTH NO.	t a		CERTIFICA	TE	OF DEATH	I	legister	ed No	
	deceased FRAN	K	BROWN			2. DA O DE/	F	ember 6	. 1952
3. PLACE OF	DEATH: e City, Maryland				. USUAL RESIDENC . STATE	CE (Where dec		d. If institution	
B. FULL NATHOSPITAL CINSTITUTIO	ME OF (If not in hospit		on, give street address locat		Maryland . CITY OR TOWN		corporate	limits write I	RURAL and give
33	Johns Hop	Kins Ho	-	rs. D	Baltimore . STREET ADDRESS	(If rural, gi	ve ocation	7 3	
c. Length o	of stay in Baltimore		M	los.	(UNKNOWN)	No Home			
5. SEX Male	6.COLOR OR RACE		. MARRIED. ED, DIVORCED (Sp		DATE OF BIRTH	9. AG	[ (In year birthday)		iys Hours Min.
	OCCUPATION (Give kind of nost of working life, even if retired)	10B. KIND	OF BUSINESS OF INDUS	TRY 1	I. BIRTHPLACE (Stat	e or foreign co	unt <del>ry</del> )		TIZEN OF HAT COUNTRY
13. FATHER	'S NAME		N	1.	4. MOTHER'S MAIDE	EN NAME			
	EASED EVER IN U.S. ARMEI		16. SOCIAL SECURITY N	0.	7. INFORMANT			ADDRESS	5
Z DISEA	LEASE OR CONDITION LEADING TO DEA does not mean the mode of ailure, asthenia, etc. It mes or complication which ANTECEDENT CAUS ASES OR CONDITIONS, IT OF THE ABOVE CAUSE (A) RELYING CONDITION LA	TH  ord dying, e. g  uns the disease  caused death.  SES  F ANY, GIVIN  STATING TH  AST.	(A)Art  (B)  GE DUE TO  (C)	erio	DEATH Sclerotic Car Disease	rdiovasc	ular		ERVAL BETWEE
TO TH	TING TO THE DEATH, BUT E DISEASE OR CONDITION 1	CAUSING 17		PERAT	ION			20	D. AUTOPSY?
UNDERL'	ERNAL CAUSE WAS YING [] OR CONTRIB- ] CAUSE OF DEATH.	about home, fa	CE OF INJURY (erm, factory, street, office i	e. g., in or	21c. WHERE DID INJURY OCCUR?	(If in Ba	timore C	ity, give exac	
	E (Month) (Day) (Year)		THILE AT NOT W	HILE	21F. HOW DID IN	JURY OCCU	R?		
the	ertify that I took char evidence obtained by death in my opinion	rge of the	remains describ	ed abo	uiru. find that sa	opsy, Inspection id deceased	died o	n the day	stated above
	MATURE ON	n & XX	<u> </u>	M.D.	23B. CHIEF MEDI ASSISTANT MEDI MEDICAL INVEST	CAL EXAMING CAL EXAMING CAL EXAMING CAL EXAMING CALCARD CALCAR	ER	Dec.15	, 1952
24A. BURIA TION, REMOVA	L. CREMA- 24B. DATE		AC. NAME OF CEM	PKINS N	OR CREMATORY   2	C 2 2 19	N (City, t	own, or count	ty) (State)
DATE RECE LOCAL REG	IVED BY REGISTRAR	-Bur 1 1 1	liama- Mis	2	5. FUNERAL DIREC	187377	un M	ADDR	ESS
V S 151	0				0				

22. I certify that I took charge of the remains described above, held in \_

LALLIA

Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 24B. DATE

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24D. LOCATION (City, town, or county)

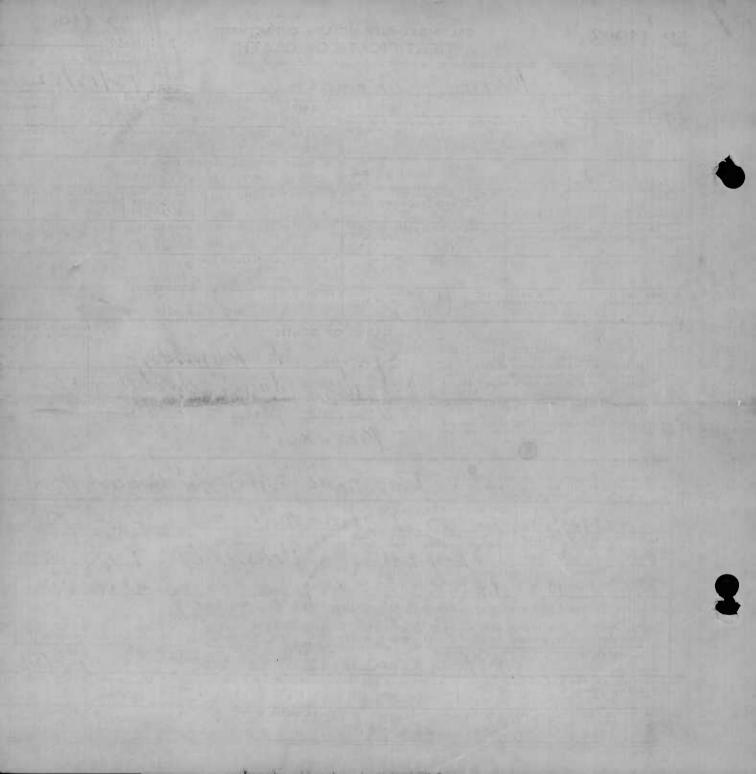
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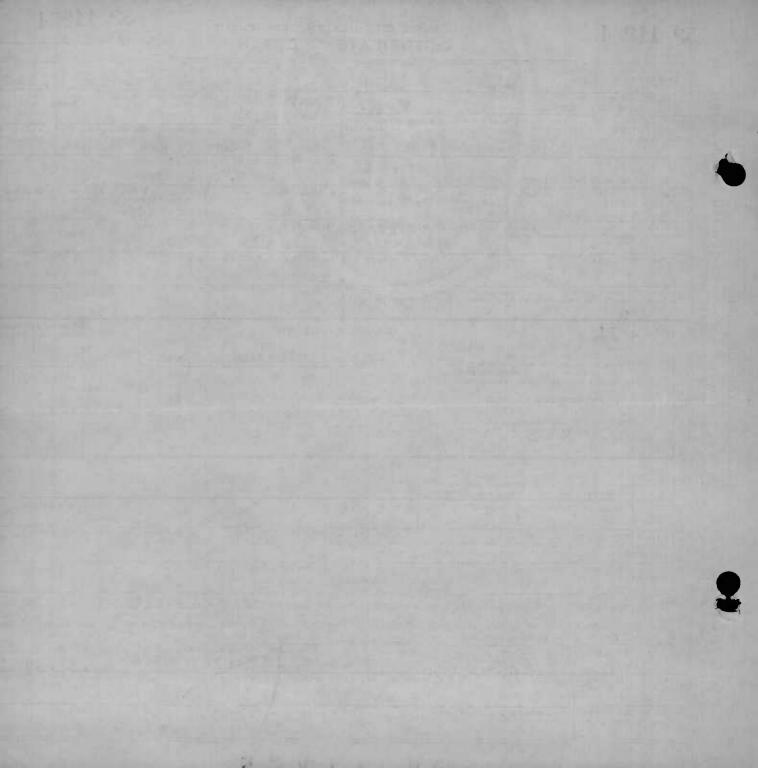
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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



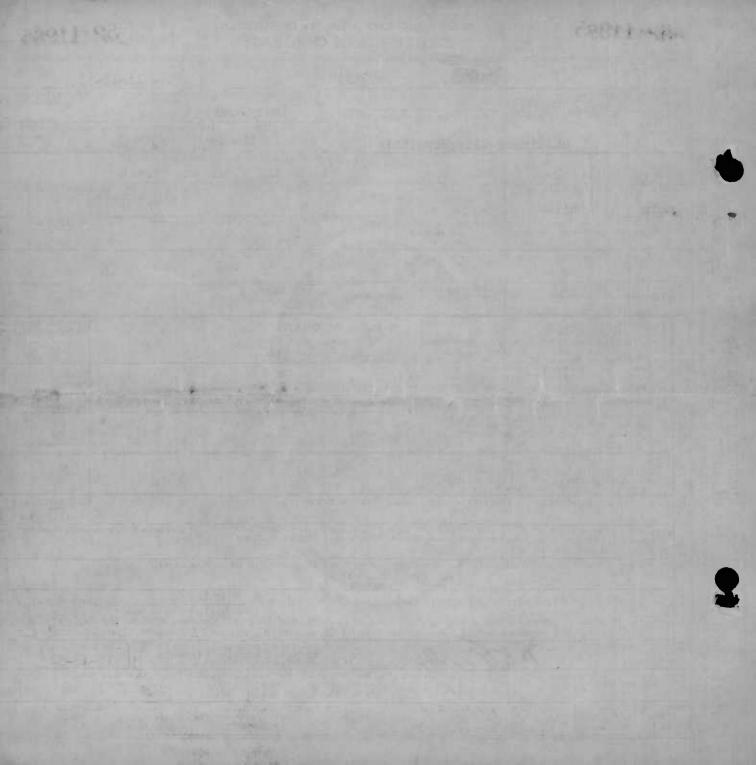


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o l	BIRTH NO.	
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supplied.	3. PLACE OF D	
lly sup	B. FULL NAME HOSPITAL OR INSTITUTION	OF
careful legibly.	c. Length of s	tay in
1 le	5. SEX	6.COL

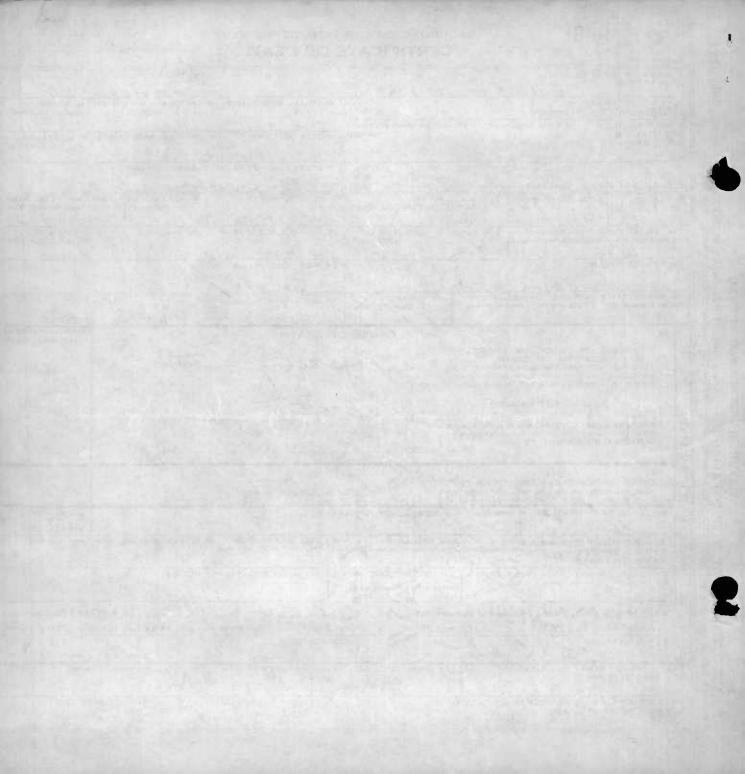
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 11985

BIRTH NO.	OEKTII TOAT	E OF BEATTI		
1. NAME OF DECEASED (Type or Print)	CHARLES HOPEN	4 32	2. DATE OF 33 3	
3. PLACE OF DEATH:	CHARLES WORKM	4. USUAL RESIDENCE (W	DEATH LL-L	institution: residence
A. Baltimore City, Maryland B. FULL NAME OF finet in hospits	al or institution, give street address or	A. STATE Maryland	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION	location)		outside corporate limit	s, write RURAL and give township
Baltimor	re City Hospital	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Mos. Days	120 N Gm	eene Street	
5. SEX 6. COLOR DR RACE male white		8. DATE OF BIRTH	9. AGE (in years last birthday)	f Under 1 Year   H Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	, wN	14. MOTHER'S MAIDEN NA	AME	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It meal injury or complication which completely com	DIRECTLY TH of dying, e.g., ans the disease, caused death.)  DUE TO  SES  (B)	OF DEATH		INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA  UNDERLYING CONDITION LA  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT	(C)			
TO THE DISEASE DR CONDITION	9B, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
V 21a. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH.			f in Baltimore City, s	YES X NO Sive exact location)
Z 21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I certify that I took char	rge of the remains described of	above, held an au	topsy	_ thercon and from
the evidence obtained by	said Autopsy, Inspection or resulted from: natural cause	Autopsy, I Inquiry, find that said despends $X$ , accident $\Box$ , suicide	, homicide , u	ne day stated above andetermined .
23a. SIGNATURE	for alla	238. CHIEF MEDICAL E ASSISTANT MEDICAL E 1.D. MEDICAL INVESTIGATE	XAMINER 23	c. DATE SIGNED
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE		GATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	in Williams.	ADDRESS M.P.
V S 151		0		



52-11986 52 11986 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) BABY GITT Welch ully supplied. DEATH NOV 3152 3, PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Altimore Yrs. o. STREET ADDRESS (If rural, give focation) Mos. 806 E. Baltimore c. Length of stay in Baltimore 4hrs 26 mins. Days information should be 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Single NOV. 3, 1952 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None NONE U.S. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hendrick A. CourIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknowo) SECURITY NO. of NONE 18. CAUSE OF DEATH 6 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO UNFADING Physicians: p (C) .. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO YES V 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! WORK 1952 to . 195 That I last saw the 22. I hereby certify that I attended the deceased from\_ 11/5 and that death occurred at 9.60 Pm., from the causes and on the date stated above. PLEASE WRITE deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Juntington VS 150



DATE RECEIVED BY

LOCAL REGISTRAR

V S 151

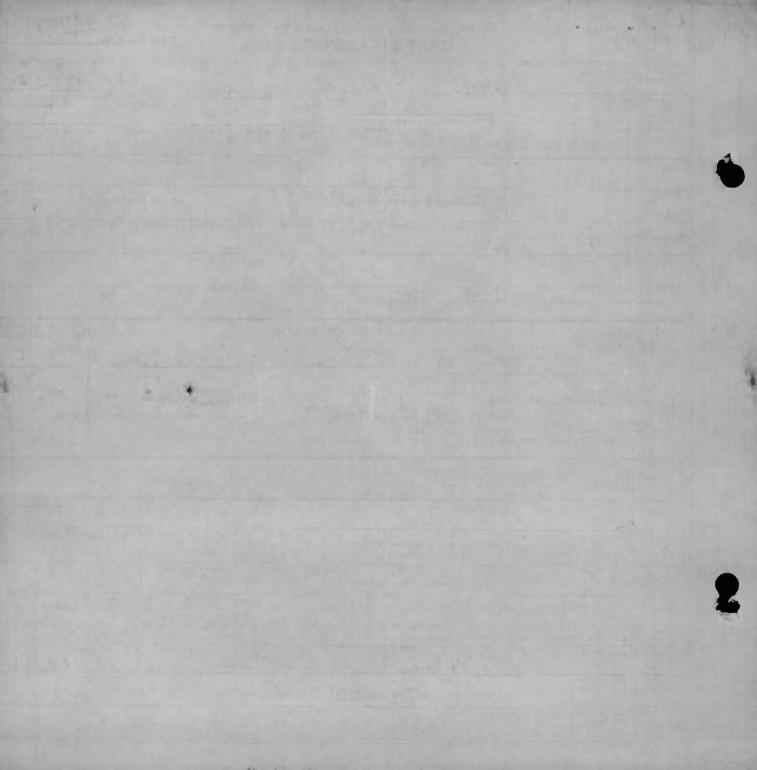
REGISTRAR'S SIGNATURE

AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH alcoholism 20. AUTOPSY (If in Baltimore City, give exact location) Autopsy, Inspection or Inquiry 24p. LOCATION (City, town, or county) ADDRESS 25. FUNERAL DIRECTOR

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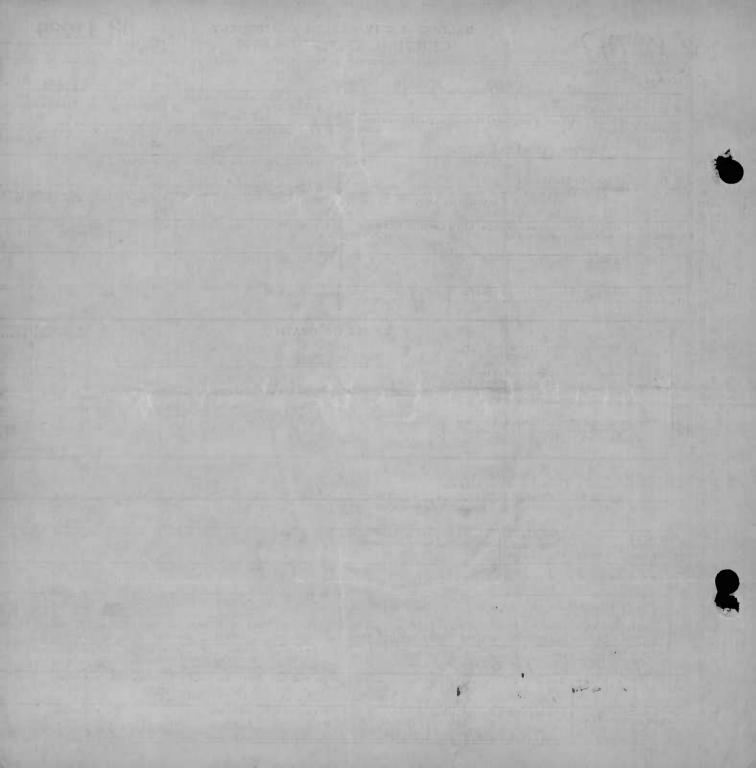
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BALTIMORE CITY HEALTH DEPARTMEN

Registered No.

BIRTH NO.	9		CERTIFI	CATE	OF DEATH	Regis	stered No	
	DECEASED	NIT / Y	DOGGOD	77.07	T	2. DATE OF	Dogombo	r 11, 195
3. PLACE OF	UI UI	RVAL	ROSCOE	HAI	4. USUAL RESIDENCE	DEATH  (Where deceased		
A. Baltimore	e City, Maryland	4-1		33	A. STATE Maryla	B. COU		before admission
B. FULL NAM HOSPITAL O INSTITUTION	PR N		tion, give street a		C. CITY OR TOWN	(If outside corpor	ate limits, writ	te RURAL and give township
3(7)	Mercy Hospit	al		Yrs.	o. STREET ADDRESS		ation)	
c. Length o	f stay in Baltimore_			Mos. Days		Pratt Str		
5. SEX Male	6.COLOR OR RACE		E. MARRIED. VED, DIVORCED		8. DATE OF BIRTH	9. AGE (In last hirth	years If Under 1 day) Months 1	Year If Under 24 Hour Days Hours Min
10A. USUAL	OCCUPATION (Give kind of sost of working life, even if retired	1	O OF BUSINES	S OR DUSTRY	II. BIRTHPLACE (State	or foreign country		CITIZEN OF WHAT COUNTRY
13. FATHER	S NAME		N		14. MOTHER'S MAIDE	N NAME		
			0	4	0			
15. WAS DECE (Yes, no or unkno	ASED EVER IN U.S. ARME wn) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRE	SS
18. 5	81.0		C	AUSE C	F DEATH			NTERVAL BETWEE
	EASE OR CONDITION	DIRECTLY					0	DNSET AND DEAT
(This cheart f	LEADING TO DEA does not mean the mode allure, asthenia, etc. It me	ATH of dying, e. ans the disea	g., (A) se,	Fatty	liver			
injury	or complication which  ANTECEDENT CAU		h.) DUE TO					
7			(B)	••••				***************************************
O RISE T	SES OR CONDITIONS,	) STATING T						
A UNDE	RLYING CONDITION L	AST.	(C)	•••••	• • • • • • • • • • • • • • • • • • • •			***************************************
TRIBUT	II R SIGNIFICANT CONE TING TO THE DEATH, BUT E DISEASE OR CONDITIO	NOT RELAT	ED	<u> </u>				
	E OF OPERATION	19B, MAJOF	FINDINGS O	F OPERA	TION			20. AUTOPSY?
UNDERLY	ERNAL CAUSE WAS ING  OR CONTRIB CAUSE OF DEATH	about home,	ACE OF INJUR farm, factory, street,	Y (e. g., in office bldg., etc	21C. WHERE DID INJURY OCCUR?	(If in Baltimor	e City, give ex	xact location)
	E (Month) (Day) (Year RY	Hour)		OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
22. 1 ce	rtify that I took cha	rae of the			ove, held an Par	tial Autor	osy the	ereon and from
the	evidence obtained by death in my opinion	said Aut	opsu. Inspects	ion or In	Autor quiry, find that sai	psy, Inspection or d dcccased diecride [], homicia	Inquiry d on the day	y stated abov
23A. S/G		Lord	X/_	М.С	23B. CHIEF MEDIC	AL EXAMINER	23c. DA	TE SIGNED
24A. BURIAN TION, REMOVA	L. CREMA- L (Specify)	y our	240 NAME OF		Y OR CREMATORY 24			
DATE RECEI		'S SIGNATI	URE,		25. FUNERAL DIRECT	OR	ADD	PRESS //

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		correct age is especied, amportant. Physicians: please write the causes of death clearly and leging.
	Y, WITH UNFADING INK. Every item of information should be c	i le
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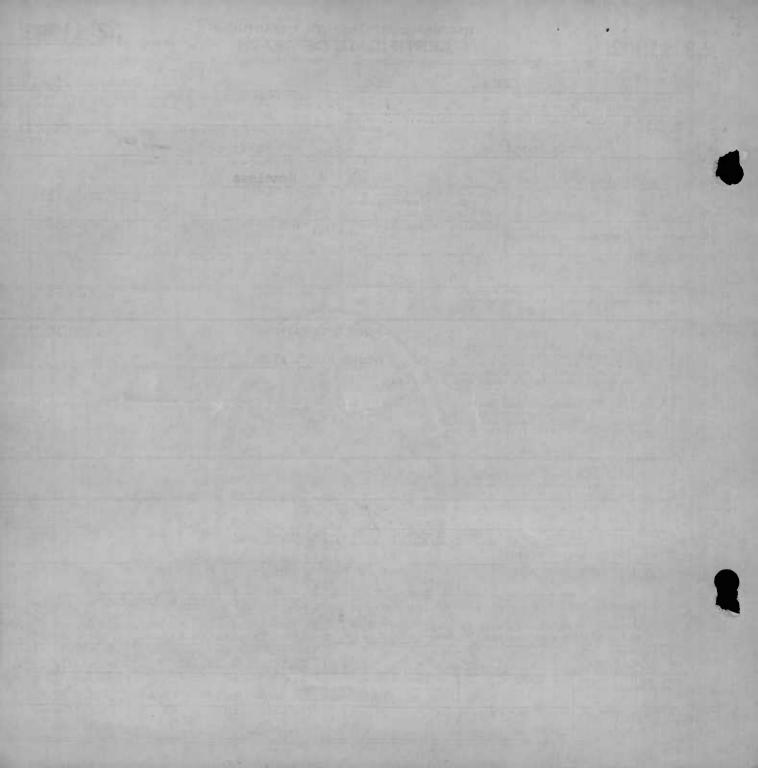
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	ME OF DE	ECEASED	ert Pe		L OI BLAIT	2. DATE OF	Dec	14 1000	
3. PLA	CE OF DE	EATH: lity, Maryland		tion, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: resider A. STATE B. COUNTY before admit				
HOSPI INSTI	TUTION	Baltimore Ci 4940 Eastern	ty Hos	pitals		outside corporate li	mits, wri	te RURAL and give township	
c. Ler		ay in Baltimore	L	Yrs. Mos. Days	D. STREET ADDRESS (If i		)		
5. SEX		6. COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 15-1877	9. AGE (In years last birthday)	If Under 1 Months	Pays Hours - Min.	
		CUPATION (Give kind of f working life, even if retired)	10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
13. FA	THER'S N	Robert P	earson		14. MOTHER'S MAIDEN NA Julia ?	ME		1109	
15. WA	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORM PAIL timore City Hospi Records: 4940 Eastern Ave.								
NOIL	Constant Conditions, if any, giving Rise to the above cause (a) Stating the Underlying Condition Last.								
111	TRIBUTING	II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED					
J 19				FINDINGS OF OPER	RATION			20. AUTOPSY?	
및 EX		ENT WAS UNDER-		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore Cit	ty, give e		
21	Z1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT WORK   AT WORK								
de	ceased al	ive on 12-14-		and that death occur	-11- , 19 52to 12 rred at 9 Pm., from th		n the da	ite stated above	
	A. SIGNAT	HILM	mother	. M. D.	1940 Eastern Ave.,	Baltimore,	Ma. 1	2-15-52	
TION, R	BURIAL, C EMOVAL (S)	pecify) 24B. DATE		24c. NAME OF CEMETE	PKINS MEDICAL SCHOOL DEC	2 9 1952			
LOCA	RECEIVED L REGISTI	RAR REGISTRAR		Victoralla /	25. FUNERAL DIRECTOR	Williams	M.P.	DRESS	

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52 11901 BALTIMORE CITY HEALTH AB-165712 Registered No-CERTIFICATE OF DEATH BIRTH, NO. 1. NAME OF DECEASED (Type or Print) 2. DATE Dec. 19-1952 Henry Oltmann OF DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 28yrs Homeless c. Length of stay in Baltimore Dava information should be AGE (In years Minder I Year House Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (in years) Juna 10-1901 Separated Male White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johanna Rudolph 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORM Bultimere City Hospitaliess (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes 4940 Eastern Ave. Records: INTERVAL BETWEEN 13. 002 X CAUSE OF DEATH y item ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic Pulmonary Tuberculosis Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, (A) Far Advanced . Bilateral Active injury or complication which caused death.) ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ō 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 12-9-12-19-1952, that I last saw the deceased alive on 12-19-52, and that death occurred at 12.20AM, from the causes and on the date stated above. PLEASE WRITE correct age is esp 19\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. Baltimore Md. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR withing ion /. VS 150

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-- 620 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF SAMUEL FEARS DEATH December 25, 1952 supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Mercy Hospital Baltimore (If rural, give location) Yrs. o. STREET ADDRESS Mos. Homeless c. Length of stay in Baltimore Days 9. AGE (In years | | Under | Year | | Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE N SINGLE, MARRIED WIDOWED, DIVORCED (Specify) and Male Colored should 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OR 12. CITIZEN OF clearl work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 0 information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Jo 18. 322.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Acute alcoholism heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. Ш 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK especially WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above WRITE and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... Dec. 26. MEDICAL INVESTIGATOR PLEASE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR V S 151



Walter advenis 509 -16211 M. Co B. Warrens Est Endy Str. male colored waterat 1892 60 districte Thomas January Jones Service Arthres 1952 7 Same Service Can I The state of the s Deerge a Thursday BY ST. T.S.

It & Suther St. (Surther Dist. 65 13 12 1

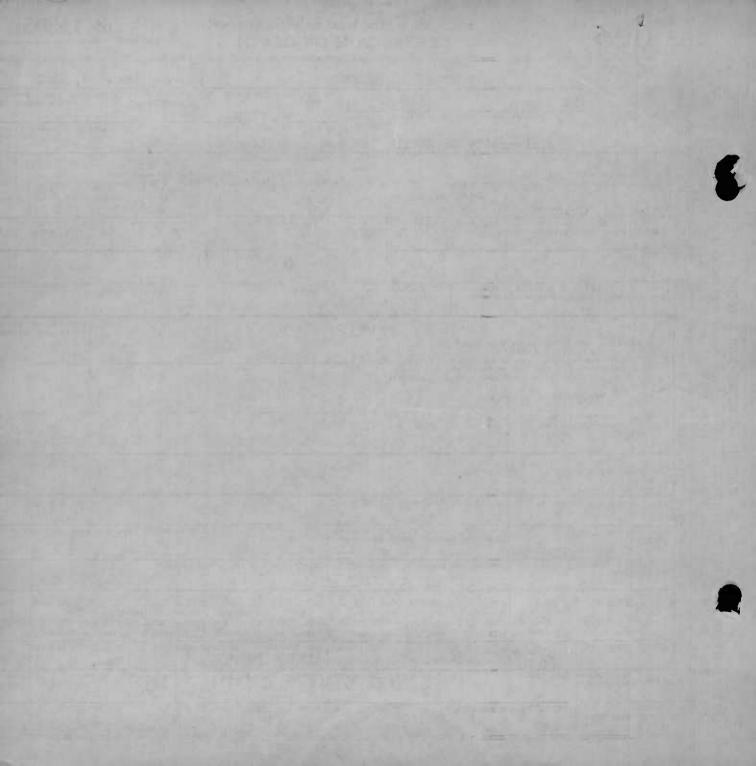
AINLY, WITH UNFADING INK. Every item of information should in important. Physicians: please write the causes of death clearly an MARGIN RESERVED FOR BINDING PLEASE WRITE

V S 151

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11995

Diff. Ital						
1. NAME OF D (Type or Print)	ECEASED	ROBERT	SESSON	1	2. DATE OF DEATH DEC	. 23, 1952
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, I	If institution: residence before admission)
B. FULL NAME HOSPITAL OR	OF f not in hospit	al or institution	, give street address or location)	Maryland		
INSTITUTION	TT				11 0	its, write RURAL and give township)
3 Y	Unive	rsity Hos	Spitai Yrs.	Baltimore		<u> </u>
			Mos.			
c. Length of s	tay in Baltimore	T CONCLE	Days		yette Street	Williams I Very   Williams 24 Hauss
Male	Colored		D. DIVORCED (Specify)	8. DATE OF BIRTH U	Ulast birthday)	If Under 1 Year If Under 24 Hours Aonths Days Hours Min.
10A. USUAL OC work done during most	CUPATION (Give kind of of working life, even if retired)	10в. КІЖО О	F BUSINESS OR INDUSTRY	11. SIRTHPLACE (State o	r foreigh country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME		)	14. MOTHER'S MAIDEN	NAME N	
			W	0	0	
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?   1	6.NSOCIAL	17 INCORMANT	W.	
(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	И	ADDRESS
DISEASE O RISE TO 1 UNDERL'	LEADING TO DEA's not mean the mode of the association which complication which complication which complication which complication which complication which complication complication complication conditions are senting to the death, but is ease or condition	F ANY, GIVING STATING THE ST.  TIONS CONNOT RELATED	(A)Multip DUE TO  (B)  DUE TO  (C)	le sclerosis		
U 19A. DATE C	F OPERATION 1	9B, MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERI UNDERLYIN UTING []	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.		E OF INJURY (e. g., in , factor <b>y, street, office</b> bldg., e		(If in Baltimore City,	YES X NO give exact location)
≥ 21D. TIME OF INJURY	(Month) (Day) (Year)	WHI	E. INJURY OCCURRI	21F. HOW DID INJU	RY OCCUR?	
the eva	ath in my opinion	said Autops	y, Inspection or I	Autops nquiry, find that said  M, accident  , suicid	$dc \square$ , homicide $\square$ ,	he day stated above, undetermined $\square$ .
23A. SIGNA	0300	Frohe	~ M	238. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	ec. 24, 1952
24A. BURIAL. (STION, REMOVAL (ST		240	NAME OF GEMERA	AIRS NETECAL SCROOL 212	HOOMEION 1952 town	n, or county) (State)
DATE RECEIVE	D BY REGISTRAR	S SIGNATURE	Williams M.	25. FUNERAL DIRECTOR	ton Williams	ADDRESS



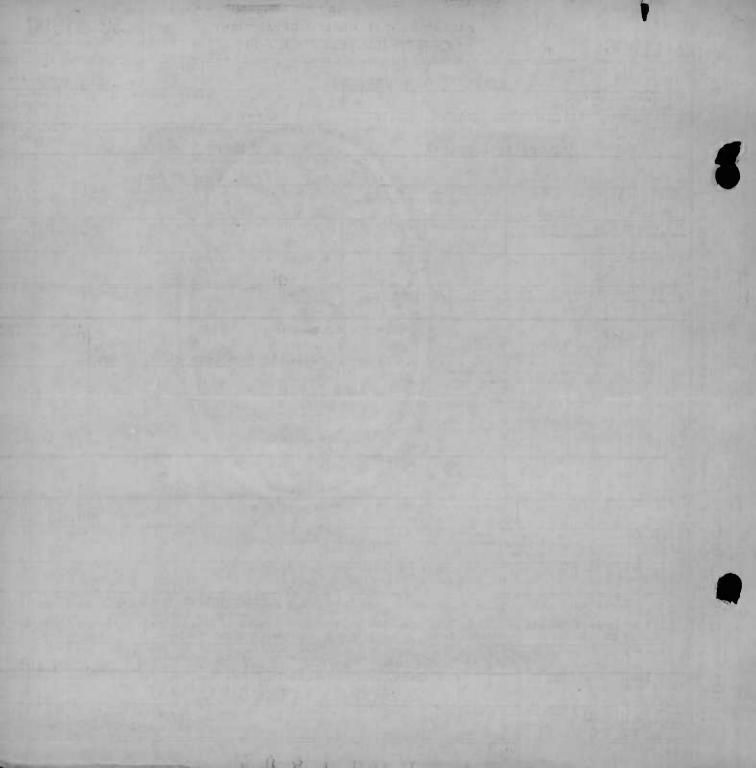
The Ily supplied. PLEASE WRITE PLATALY, WITH UNFADING INK. Every item of information should be care, correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

V S 151

## BALTIMORE CITY

Registered No.

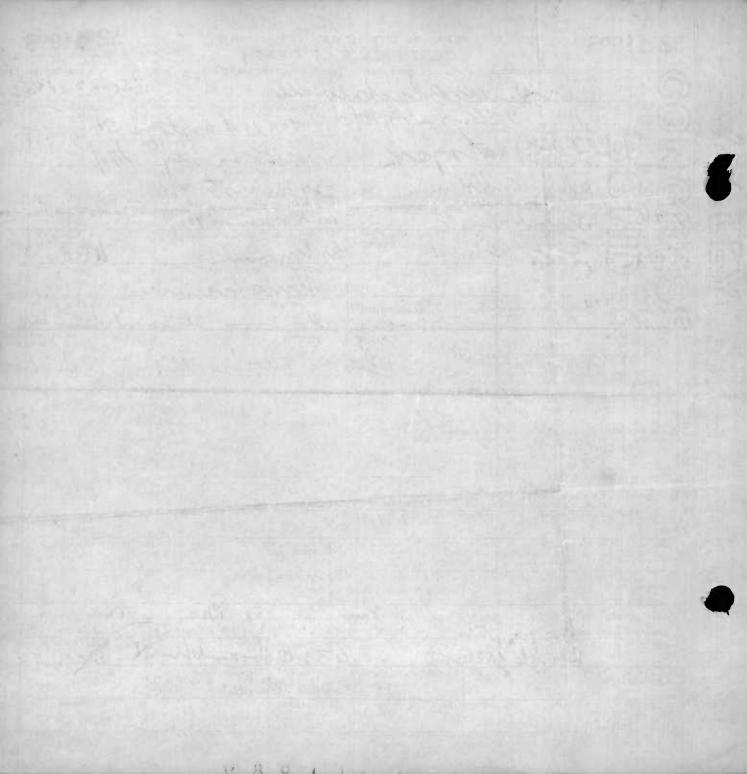
16	IRTH-NO.	LOI BLATTI		
	NAME OF DECEASED		2. DATE	
	Type or Print)  ANNIE FERGUS	ON	DEATH Dec.	28, 1952
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland		
	OSPITAL OR location) NSTITUTION	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give
	University Hospital	Baltimore	4-1	)
	Yrs. Mos.	o. STREET ADDRESS (If		
-	Length of stay in Baltimore Days	683 W. Vi		i Under 1 Year   If Under 24 Hours
5	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mo	onths Days Hours Min.
	Female   Colored	U	60	LAG CUTUTEN OF
wo:	DA. USUAT OCCUPATION (Give kind of k done during facts to f working life, even if retired)  INDUSTRY	11. BYRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	N	K		
1.	3. FATHER'SKNAME	14. MOTHER'S MAIDEN NA	AME	
-	N	0		
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	W I	N		
	18. 422,1 N CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			
	(This does not mean the mode of dying, e.g., (A) Arteri	osclerotic cardio	vascular dis	ea <b>s</b> e
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES			
	ANTECEDENT CAUSES			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			***************************************
ATIO	UNDERLYING CONDITION LAST.			
S	(C)			
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-			
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CE	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSÝ?
1				YES NO X
CA	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., i		f in Baltimore City,	give exact location)
ā	UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., UTING CAUSE OF DEATH.	INSURT OCCURT		
ME	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE M. WORK AT WORK			
	22. I certify that I took charge of the remains described of	thone held an inspect	ion & inquir	Y thereon and from
		Autopsy.	inspection or Inquiry	
	the evidence obtained by said Autopsy, Inspection or land death in my opinion resulted from: natural causes	Inquiry, find that said despite $\square$	ccased died on the	re day stated above $undetermined$
	23A. SIGNATURE	23B. CHIEF MEDICAL I		BC. DATE SIGNED
	JANN - 1	ASSISTANT MEDICAL I	EXAMINER 📋 🔔	ec. 29. 1952
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		OCATION (City, town	AND THE PERSON NAMED IN COLUMN
T	ON, REMOVAL (Specify)	NS MEDICAL SCHOOL ILAN 6	1953	
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	11500	ADDRESS
-	OCAL REGISTRAR	Huntington	- Williams,	M. Y.
=	111 10 1914 11 11 11 11 11 11	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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52 11907 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print lly supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2 A. STATE B. COUNTY Maryland (If not in hospital or institution, give street addr B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 2305 St. Paul Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2305 St. Paul Street Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under i Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) information should sof death clearly as Female White 10A. USUATIOCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED (EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes 18. 1 INTERVAL BETWEEN item scular DISerse CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 30 15 26000 30, 10 , that I last saw the 22. I hereby certify that I attended the deceased from\_ PLEASE WRITE correct age is esp and that death occurred at 505 m., from the causes and on the date stated above. deceased aline on. , 19\_ 23A. SIGNATURE 23c. DATE SIGNED ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Challes, N. VS 150

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c. Length of stay in Baltimore Menum Days Days Days G. Color or race 7. SINGLE, MARRIED. B. DATE OF BIRTH 19. AGE (In years)	if institution: residence before admission)  A Long to the form of
EIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland Office of Hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital or institution, give street iddressor Hospital OR (If not in hospital OR	if institution: residence sefore admission)  A to the fore admission  in the fore admission  in the fore admission  fi Under I Year (and give township)  If Under I Year (builder 24 Hours Menths) Days (builder Menths)  ADDRESS (and the fore administration of the fore admission)  ADDRESS (and the fore admission)  ADDRESS (builder 24 Hours Min. and give township)  ADDRESS (builder 24 Hours Min. and give township)  ADDRESS (continued and give township)
3. PLACE OF DEATH:  A. Baltimore City, Maryland Communication of institution, give street iddressor Hospital or institution, give street iddressor in the institution of institution, give street iddressor in the institution	interval between
3. PLACE OF DEATH:  A. Baltimore City, Maryland College of the state o	If Under I Year Munder 24 Hours Months: Days Hours Min.
HOSPITAL OR TOY WILLIAM CATANANA CAUSE OF DEATH  10. C. CITY OR TOWN If outside corporate in Dathing City Discretion (it rural, give location)  2. SER S. SEX S. C. COLOR OR RACE TO SINGLE. MARRIED. WILDOWER DIVORCED (Specify)  10. USUAL OCCUPATION (Give kiod of work in the during most of working life, even if retired)  13. FATHER S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. WILDOW CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	fi Under I Year If Under 24 Hours Months: Days Hours Min.  12 STIZEN OF HAT COUNTRY:  ADDRESS 7  MULL BETWEEN
C. Length of stay in Baltimore  C. Length of stay in Baltimore  MOS.  Days  D. STREET ADDRESS (If ryra), give location)  D. STREET ADDRESS (If ryra), give location, give l	fi Under I Year If Under 24 Hours Months: Days Hours Min.  12 STIZEN OF HAT COUNTRY:  ADDRESS 7  MULL BETWEEN
C. Length of stay in Baltimore Menum Mos. Days  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWER, DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kied of work in the during most of working life, even if retired)  13. FATHER S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  18. USUAL OCCUPATION (Give kied of INDUSTRY)  19. AGE (In year)  10A. USUAL OCCUPATION (Give kied of INDUSTRY)  10B. (KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  15. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. SECURITY N	ADDRESS TO
10A. USUAL OCCUPATION (Give kied of working life, even if retired)  13. FATHER S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown)  18. ## DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  OTHER S NAME  18. ## CAUSE OF DEATH  OTHER S NAME  19. AGE (In years last hirthday)  10. WAS DECEASED EVER IN U. S. ARMED FORCES? (A)  OTHER S NAME  17. INFORMANT  SECURITY NO.  This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, heart failure, asthenia, etc. It means the disease,	ADDRESS TO
10A. USUAL OCCUPATION (Givehiod of working life, even if retired)  10B. (KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT SECURITY NO.  18. U. S. ARMED FORCES? (Yes, give war or dates of service)  18. U. S. ARMED FORCES? (Yes, no or unknown)  19. CAUSE OF DEATH  OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	ADDRESS TO AUTONOMINATE OF THE PROPERTY OF THE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  (If yes, give war or dates of service)  18. 4/6 X  CAUSE OF DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	Interval Between
(Yes, no or unknown)  (If yes, give war or dates of service)  (A)  (A)  (A)  (A)  (A)  (A)  (B)  (A)	INTERVAL BETWEEN
18. 4/6 X  CAUSE OF DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	2 He ars
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON.	
COTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
HOMICIDE (Specify)   about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	7, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
m.   WORK AT WORK	£0 12 1 7 7 7 1 1 1 7 7
deceased alive on 1954 and that death occurred at m., from the causes and on	1. 2. that I last saw the the date stated above
By the Stewart M.D. 632W framble X	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. SATE TION, REMOVAL (Specify) 24B. SATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, text Tion, REMOVAL (Specify) 14N 6 1953	en, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
JAN 5 1953 Huntington Williams, My. Huntington Williams	·, M.P.L
VS 150	



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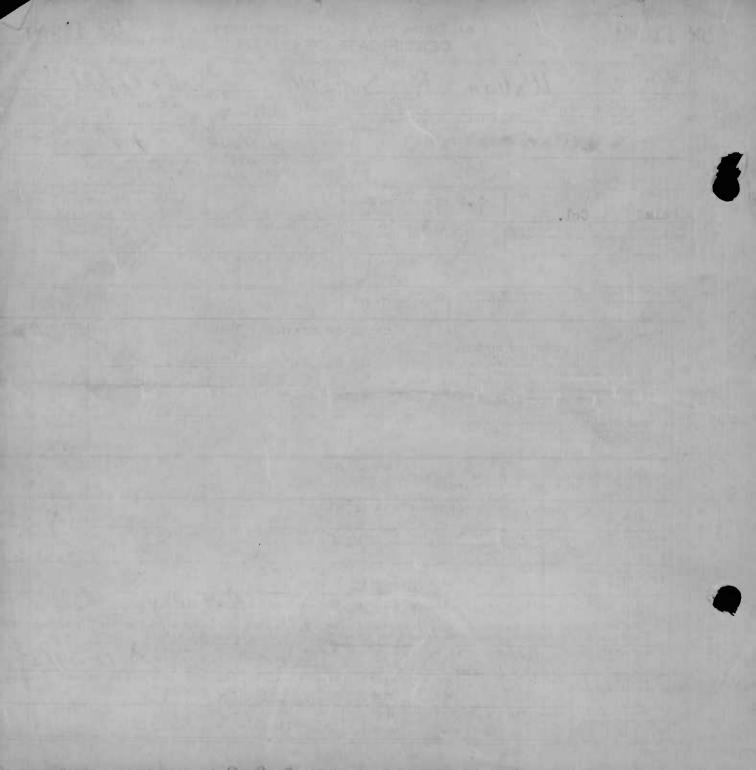
FOR

RESERVED

## 2-11999 BALTIMORE CITY HEAD

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE William (Type or Print) OF DEATH RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c, CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 801 Pierce St. c. Length of stay in Baltimore Days AGE (In years | M Under 1 Year | M Under 24 Hours last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH 5. SEXN 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) MaleK 60? Col 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. NIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'SINAME N 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. N 322.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Acute and chronic alcoholism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT O 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION CA 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING OF CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses X, accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23B, CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR. 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOGAL REGISTRAR

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52-12000 BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH Dec. 29, 1952 LEWIS NEIL 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give Maryland General Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 924 Madison Avenue 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months; Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH It Under 24 Hours WIDOWED, DIVORCED (Specify) Colored 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) NSECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Myocardial insufficiency heart failure, asthenia, etc. It means the disease, OUE TO Arteriosclerotic cardiovascular disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [ CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \supseteq \), undetermined \( \subseteq \). 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIGNATURE Dec. 30, 1952 MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

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LOCAL REGISTRAR

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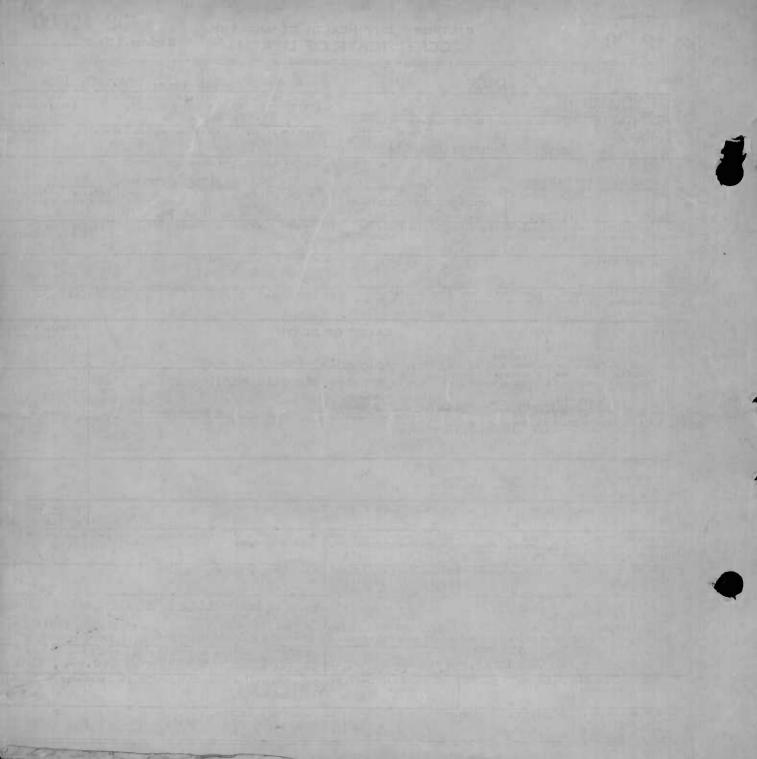
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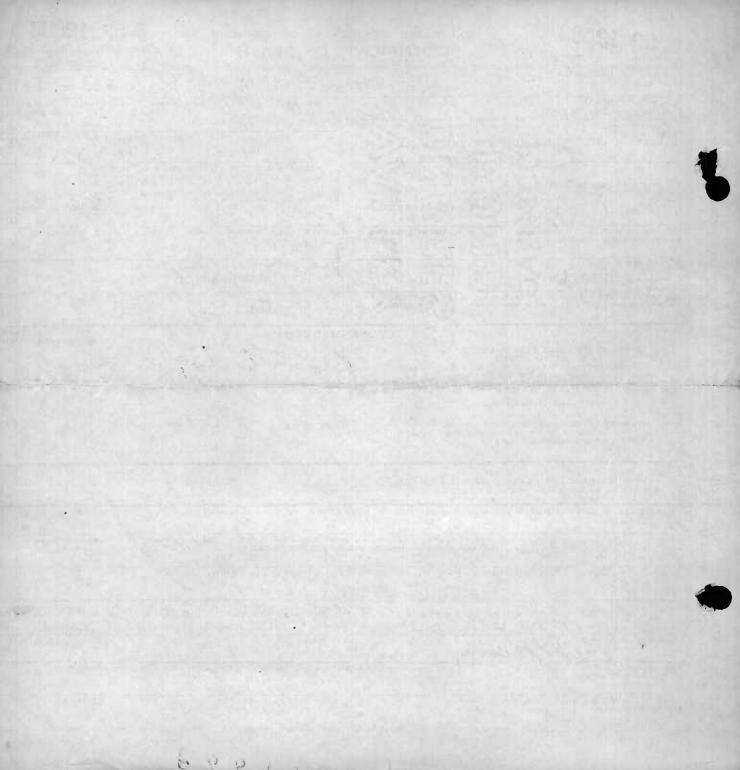


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The	_	IRTHNO.	E OF DEATH Registered No	
		NAME OF DECEASED  (ype or Print)  (ype or Print)  (ype or Print)	2. DATE OF DEATH /2-3	11-52
y supplied.	3. A.	stitution : residence before admission		
ns A	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		write HUR Land giv
A. Sally	IN	Grondert Lospital	Baltimore	township
agin,	3	Length of stay in Baltimore 20Yrs. Mos.	D. STREET ADDRESS (19 fural, give location)	1
ld band le		SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Un	der 1 Year   If Under 24 Hour
ould ly an	2	Male Colored Married	6-19-1886   66	hs Days Hours Min
VDING information should of death clearly a	worl	A. USUAL OCCUPATION (Give kind of Lob. KIND OF BUSINESS OR INDUSTRY AMERICAN AN CO.	II. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
ation th c	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
orm dea	15	Unknown	Unknown.	
BINDING of inform uses of dea	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  4. DO Dr unknown)  Yes  WW1  16. SOCIAL SECURITY NO. 218-10-3966		RESS K. St.
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it o	E	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	price the house	3 200
- I-1		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	o var avera	1 - acy
03		ANTECEDENT CAUSES	Co	
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ARGIN FADIN sicians:	TIFE	(c)		
MARGIN UNFADING Physicians:	ERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	LC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
NLY, WITH	DICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i		e exact location)
'X',	MEC	HOMICIDE (Specify) about home, farm, factory, street, office hidg.,	etc.) INJURY OCCUR?	0.6
in &		21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	A first action and the contract of the first	
20		m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that Lattended the deceased from 12		that I last saw th
TE		deceased alive on 1/2, 3 (, 1952, and that death occur	rred at 1:55A.m., from the causes and on the	date stated above
WRI is		23A. SIGNATURE COMULA AS COSTA NO 2	1427 Maleren Olere	23c. DATE SIGNED
PLEASE WRITE P	24 TIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or	
EAS		ON REMOVAL (Specifyl) 1/20/53 Baltimore ATE RECEIVED BY   REGISTRAR'S SIGNATURE		
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		VS 150	Arlington S. Fill Laips Mon	roe ot.
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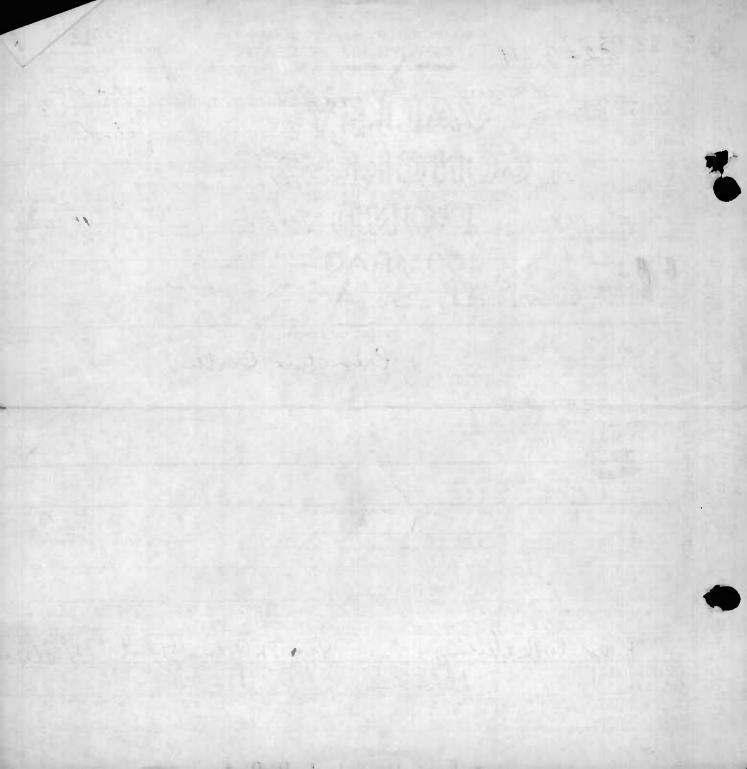
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The	BI	52 1. RTH NO. 5	2-25411		TIMORE CITY CERTIFIC		DEPARTMENT DEATH	- Register	52 12003 red No.	
	1.	NAME OF D	ECEASED	nt of Ch	Charlotte Johnson (492950)   2. DATE OF Oct			ctober 14, 1952		
supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR m. location)						Maryland	Where deceased live B. COUNT	ed. If institution : residence	
C.	7	STITUTION .	The Johns Hop	c. Rom	r		Baltimore ONISON townshi			
5			tay in Baltimore	Infant	) I	Mos. Days	d. STREET ADDRESS (If rural, give location) 408 East Pennsylvania Ave.			
uld I	5.	Female	Negro		. MARRIED, ED, DIVORCED (S <sub>I</sub>		ber 14, 195	9. AGE (In year last birthday	) Months Days Hours Min.	
on should clearly a	10 work	A. USUAL OC done during most o	CUPATION (Give kind of f working life, even if retired)	10в. KIND	OF BUSINESS O	TOV	RTHPLACE (State or Maryland	fureign country)	12. CITIZEN OF WHAT COUNTRY	
atic	13	Harry St		5311			14. MOTHER'S MAIDEN NAME Charlotte Johnson			
BINDING of inform uses of dea	15 (Yes	. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY N	17. IN	17. INFORMANT ADDRESS HOSpital Records			
GIN RESERVED FOR BIN DING INK. Every item of i ans: please write the causes	FICATION	(This does heart failure injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which is the complication of the	TH  If dying, e. g.  In the disease aused death.  IES  FANY, GIVING STATING TH	(A)		matui	ty	INTERVAL BETWEEN ONSET AND DEATH	
MARGIN UNFADING Physicians:	ERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED						
ш.	AL C				FINDINGS OF C	PERATION			20. AUTOPSY7	
2 1	1EDIC	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)  CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg, etc.)  INJURY OCCUR?								
A.S	2	OF INJURY	Month) (Day) (Year)	m. W	WORK AT W	ORK	F. HOW DID INJUR			
espec		22. I hereby certify that I attended the deceased from October 11, 1952, to October 11, 1952, that I last saw is deceased alive on October 11, 1952, and that death occurred at 8.40Pm., from the causes and on the date stated about								
E WRITE age is esp		A. BURIAL.	REMA: 24B. DATE	us leg	M. D 4C. NAME OF GEN			LOCATION (City, t	23C. DATE SIGNED town, or county) (State)	
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	(7	NAME OF D Type or Print)	ma	Ksha11	Thomas		2. DATE. OF DEATH /2,	12662		
lly supplied.	B. H		City, Maryland	al or institu	tion, give street address location	A. STATE	If institution : residence before dmission hits, write RURAL and give			
ar legie.	С.	Length of s	tay in Baltimore	r 4	Yrs Mos Day	11-161	Balto. town			
nould rly and	10	Male	6. COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Special Control of BUSINESS OR	8. DATE OF BIRTH		Months Days Hours Min.		
NDING information should s of death clearly a	worl	k done during most	of working life, even if retired)		INDUSTR	Balto, md	11. BIRTHPLACE (State or foreign country)  12. CITIZ WHA  14. MOTHER'S MAIDEN NAME			
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ESER INK. lease v	MEDICAL CERTIFICATION	DISEASES RISE TO T	ANTECEDENT CAUS  S OR CONDITIONS, IF HE ABOVE CAUSE (A)	ES ANY, GIVIN	(B)					
MARGIN F UNFADING Physicians: p		OTHER S	II GIGNIFICANT CONDITION LAS	FIONS CON	ED .					
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NLY, WITH		CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH  (Month) (Day) (Year)	about home,	ACE OF INJURY (e.g. farm, factory, street, office bids 21E. INJURY OCCUR	.,etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)		
400		22. I hereby certify that I attended the deceased from 12/26, 1957, to 1726, 1957, that I last saw t deceased alive on 1957, and that death occurred at 6.461.m., from the causes and on the date stated about								
PLEASE WRITE	24	Ka. BURIAL, C	23A. SIGNATURE  23B. ADDRESS  M. O.  23B. ADDRESS  W. REMOVAL (Specify)  A. BURIAL, CREMA- 24B. DATE  24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  40. LOCATION (City, town, or count)  (State, CREMA- 24B. DATE  (State, CREMA- 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  40. LOCATION (City, town, or count)  (State, CREMA- 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  40. LOCATION (City, town, or count)							
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